
REPORT ON PHASE THREE OF THE FORMATIVE EVALUATION OF THE MOTHERS WITH BABIES UNITS

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Executive Summary

This is the final report of a three-phased formative evaluation of the Mothers with Babies (MWB) units, undertaken for the Department of Corrections (the Department) from late 2011 to early 2013.

Background

The Corrections (Mothers with Babies) Amendment Act was passed in New Zealand by Parliament on 11 September 2008. 'The purpose of the Act was to amend the Corrections Act 2004 to provide for the best interests of the child by enabling young children of female prisoners to be placed with their mothers in prison until they turn 24 months old, for the purposes of bonding, feeding, and maintaining continuity of care, provided that certain criteria and conditions are met¹.'

The amendment increased the upper age limit of children who can reside in prison with their mothers from nine months to two years of age, and enabled women of all security classifications, and accused prisoners, to participate.

The Department built or refurbished facilities to accommodate children aged up to 24 months with their mothers in prison at Auckland Regional Women's Corrections Facility (ARWCF) and Christchurch Women's Prison. The facilities at Arohata Women's Prison were not altered. However, it is understood that Arohata can only house children up to the age of nine months with their mothers.

Formative Evaluation

In November 2011, Andrea Elliott-Hohepa and Ruth Hungerford (on behalf of Momentum Research and Evaluation Limited) were contracted to undertake an independent formative evaluation of the extended Mothers with Babies policy at the three women's prisons in New Zealand. Two phases of the formative evaluation were completed by April 2012². A third phase was requested by the Department in May 2013 in order to follow up on progress a full year later.

The purpose of Phase III was to assess improvements under way in light of the previous findings, and to document planned future developments. The Phase III evaluation objectives were:

1. Briefly update summaries of learning from international research on the benefits and impacts, as well as the good practice features, of similar initiatives elsewhere, and where available, document evidence of the impact of the initiatives on reducing reoffending;
2. Assess progress toward addressing the recommendations of Phase II;
3. Assess the extent to which the programme logic is working in practice and whether stakeholders are seeing or experiencing evidence of the short and medium term outcomes; and,
4. Outline new and future developments of the initiative, particularly the future roles and functions of the multi-agency approach.

The methodology included a literature review, and site visits to the three women's prisons and National Office, to undertake interviews³ and to observe the processes and systems within the MWB units.

Key Findings

The following presents the key findings of the Phase III evaluation:

- The brief literature review highlighted that whilst there is not a large amount of research on mother with baby programmes in prisons, the findings are consistent. For example, evidence

¹ Section 4, Corrections (Mothers with Babies) Amendment Act 2008

² A report was completed for the Department after each phase; one in November 2011, and one in April 2012. The final report (April 2012) included 22 recommendations. These are provided in the appendices of this report.

³ A total of 35 people were interviewed in Phase III: Mothers (n=13), Corrections Staff (n=20), National Office Staff, (n= 1) and External Service Providers (n=1).

that mother with baby units support development of secure attachment in the child and increased parenting skills and maternal sensitivity in the mothers; there is a need to ensure that the facilities are appropriate and support the child to develop, and the mother to parent effectively; evidence to support 'through' services that continue support post-releases, and a growing body of evidence that mother with baby units can help reduce re-offending;

- Arohata has had at least one mother and child at the MWB unit in the last twelve months, whereas this was not the case in the previous two phases. This could indicate a change about what is being promoted at Arohata regarding MWB, as was recommended in Phase II;
- Across the prisons, operational changes have occurred in order to meet the needs of the MWB units. For example, roster changes to increase staff coverage at MWB units, delivering programmes at the Self Care common room as opposed to programme rooms, situating the Case Manager's (CM) office at the Self Care units, which is beside the MWB units;
- There have been changes to who can pick up children and take them off-site and the addition of forms to confirm responsibility for children whilst off-site is now occurring;
- One prison has initiated a team leader role to improve consistency and co-ordination regarding their MWB units;
- Ensuring a mix of both male and female staff at MWB units, continued to be identified as important in this phase;
- Having dedicated MWB unit staff and clear guidelines for staff has emerged as a theme in this phase;
- The multi-agency or multi-disciplinary team (MDT) approach is still considered important with some development in this area at a local and national level. At the same time there is also recognition that the work in this area is ongoing;
- Alternative caregiver assessments remain an important issue with development in this area being still very much 'in progress;'
- There has been a mother with two children of different ages, admitted to the MWB units. It is possible that this could occur again, given the extended age in the policy;
- A range of childcare options were cited during this phase, with Christchurch providing the most options;
- There is some indication that the short and medium term outcomes from the programme logic model developed in Phase II, are being met. Future improvements include improved access to childcare options in some sites and addressing the issue of the repeat parenting programme at a different site.
- Whilst there have been some changes regarding the induction process for mothers entering the MWB units, particularly at one prison, and as recommended in previous phases, the nature and extent of this varies across sites;
- There have been no significant changes to admission and entry processes. However, this also includes no changes to the forms, which continue to be a source of some frustration for staff;
- The wait time regarding the approval process continues to be reported, across interviewee groups as being too long, stressful and therefore unsatisfactory;
- The open classification criteria resulting in women who would otherwise not be eligible for Self Cares now residing there (via MWB units), was identified a source of tension, by some interviewees, and as such could be viewed as an unexpected consequence of the policy extension;

- Whilst mother with baby training was identified as an enabler to gain staff support, no further training has occurred for new or other staff in the past twelve months;
- There appears to be no overt national co-ordination of the MWB units or the MWB policy, since the departure of key Corrections staff members;
- There appears to have been no further progress regarding childcare subsidies although IRD family assistance was mentioned - specifically, the logistical difficulties of applying for the subsidy because the process states that the applicant must 'take the completed application form, with current supporting documents to an Inland Revenue appointed verifier'. Whilst at least one prison has found ways to assist their women with this process, it was unclear how other prisons manage this aspect;
- There were mixed findings about the compulsory MWB programmes, with the individualised approach being more positively received than the cyclical group programme;
- The general health and wellbeing needs of the children are being met although there has been no further staff training on nutrition as was a specific recommendation in the previous phases;
- There were some questions regarding the transitioning of children to caregivers at one site and in particular, whether the approach of regular extended leave of children away from their mother, was in line with the intentions of the policy; and
- The MWB database has been rolled out with access solely to MWB CMs, at this stage. Use and knowledge of the database appears to be limited. Other information recorded about mothers and children continues to be kept, including children's names in the Integrated Offender Management System (IOMs).

The overall conclusions from Phase III are that the MWB units have continued to develop. There are some positive advances that have been made, and it is heartening to see for example that mothers and children are on site in Arohata, whereas this has not been the case for some time. There is still an underlying 'best interests of the child' approach to decision-making and while there are identified areas that still require development some of these are in progress. International literature supports mother and baby units as being in the best interests of the child and contributing to reducing re-offending, and while there are still areas that could be further strengthened the identified 'best practice' aspects are generally present in the New Zealand MWB units.

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1.0 Introduction

This is the final report of a three-phased formative evaluation of the Mothers with Babies units, undertaken for the Department of Corrections (the Department) from late 2011 to early 2013.

1.1 The Mothers with Babies Units⁴

The Corrections (Mothers with Babies) Amendment Act was passed in New Zealand by Parliament on 11 September 2008. Provided certain criteria are met, and for the purposes of bonding, feeding, and maintaining continuity of care, this Act provides for the best interests of young children by raising the upper age limit of those who can reside in prison with their mothers from nine months to two years of age. It also enables women of all security classifications, and accused prisoners, to participate.

Following the passing of the Bill on 11 September 2008 the Department undertook to develop appropriate facilities to accommodate children aged up to 24 months with their mothers in prison. This was carried out by providing two purpose built units at Auckland Regional Women's Corrections Facility and refurbishing two Self Care units at Christchurch Women's Prison. Arohata Women's Prison only houses mothers with children up to the age of nine months. Since 19 September 2011 children older than nine months have been able to remain with their mothers in facilities known as 'Mothers with Babies (MWB) units'.

1.2 Formative Evaluation

The Department contracted Andrea Elliott-Hohepa and Ruth Hungerford (under the auspices of Momentum Research and Evaluation Limited for contracting purposes) to undertake a three-phased formative evaluation. The first two phases occurred in 2011 and 2012 and included site visits and interviews with staff, mothers and external service providers. Reporting in April 2012 covered findings from both phases and included a set of recommendations and a programme logic model⁵.

The third phase commenced in May 2013. The purpose of the Phase III evaluation was to assess improvements under way in light of the previous findings, and to document planned future developments. The objectives for this phase of the evaluation were:

- 1 (Briefly) update summaries of learning from international research on the benefits and impacts, as well as the good practice features, of similar initiatives elsewhere. Where available, document evidence of the impact of the initiatives on reducing reoffending.
- 2 Assess progress toward addressing the recommendations of Phase II, specifically, improvements made to:
 - admission processes;
 - alternative caregiver assessments;
 - access to programmes and services for both mothers and children;
 - processes, systems and documentation to ensure the safety and well-being of the child;
 - child nutrition;
 - the provision of transitional support when mothers and children leave prison;
 - monitoring and reporting, including keeping of file notes, the new database and its application, and clarification of the legal requirements relating to monitoring mothers and children; and
 - staff recruitment and training, including their understanding of roles and (legal) responsibilities.

⁴ The information in this section is sourced from: Department of Corrections (2013): Extension of the Mothers with Babies Policy: Phase III of the Formative Evaluation: Project plan.

⁵ See Appendix 1 for key findings and recommendations from Phase II, and Appendix 6 for the programme logic model that was developed.

- 3 Assess the extent to which the programme logic is working in practice and whether stakeholders are seeing or experiencing evidence of the short and medium term outcomes which were identified in the logic model. Specifically, the extent to which stakeholders perceive that:
 - mothers have increased confidence, knowledge and skills in parenting, and in understanding of their responsibilities as parents;
 - mothers make good choices for themselves and their children;
 - mothers have increased knowledge and understanding of their offending behaviour;
 - mothers consider options and make plans to mitigate risks of reoffending once released;
 - children have appropriate facilities and resources; and
 - children have their physical and mental health and well-being needs met.
- 4 Outline new and future developments of the initiative, particularly the future roles and functions of the multi-agency approach.

2.0 Methodology

The methodology for the Phase III evaluation included a review of relevant documents and literature regarding mothers and babies in prison, site visits to national office and the three women's prisons to conduct interviews with mothers, staff and external providers, and telephone interviews with anyone unavailable during site visits.

2.1 Participants

A total of 35 people were interviewed. These included: mothers (n=13); Corrections staff (n=20); National Office staff (n= 1); and external service providers, (n= 1). As well, informal discussions were held with two National Office staff.

The staff that were interviewed included MWB unit staff, prison management staff, health services staff, case managers (CMs) for MWB units, and National Office staff. One external provider⁶ also provided information for this report.

At the time of the site visits (9 to 17 May 2013), there were thirteen mothers and children housed with their children in prison; six in Auckland, six in Christchurch, and one in Arohata. All these mothers were interviewed. Of the thirteen mothers, one was pregnant⁷ at the time of our visit, and the remaining twelve women had children ranging in age from five months to nearly two years, with one mother having two children of different ages.

2.2 Process

2.2.1 Document and Literature Review

A range of relevant documents were reviewed. These included previous evaluation reports, documents provided by interviewees, journal articles and commissioned research reports.

2.2.2 Interviews

Wherever possible, face to face⁸ interviews took place. Separate interview schedules were developed and approved by the Research and Evaluation Team for each of the four participant groups. Consent forms were completed and information sheets were also provided.⁹

Interview schedules included semi-structured questions across the following key areas: (i) the role of interviewees in relation to the MWB units; (ii) entry and referral processes to the MWB units; (iii)

⁶ External service providers include individuals from organisations that deliver a service to the mothers and/or children, such as midwives, programme providers, and health professionals.

⁷ The pregnant mother had been approved to keep her baby in the MWB units, and was spending the day at the MWB unit / house although she spent her nights in the main prison, as this was more accessible for staff if she went in to labour.

⁸ The exceptions to this were five telephone interviews, undertaken because the participants were unavailable during the site visits.

⁹ See Appendices 2 to 4 for copies of these.

operations of the MWB units; (iv) transition and exit processes; (v) programmes; (vi) Department of Corrections processes; and, (vii) general information.

2.2.3 Participant Observation

During the site visits the evaluation team had some informal discussions with staff and as well undertook general observations of the MWB units.

2.2.4 Qualitative Analysis

All interview material has been analysed using standard qualitative approaches. Primarily this has involved coding, thematic organisation, and analysis.

2.2.5 Reporting

All the data collected and analysed from Phase III has been used as the basis for this report, which presents the findings relevant to the Phase III evaluation objectives.

3.0 Findings

The following sections report the findings relevant to the four evaluation objectives. Each objective is stated, followed by the relevant findings.

3.1 Evaluation Objective One

Briefly update summaries of learning from international research on the benefits and impacts, as well as the good practice features, of similar initiatives elsewhere. Where available, document evidence of the impact of the initiatives on reducing reoffending.

Literature for the above was sourced from online data searches (e.g. PubMed), and national and international government agencies (e.g. Departments of Corrections). There is a small amount of peer-reviewed research literature on Mother with Baby units, with at least one United States (US) longitudinal study which used comparison groups and focused on impacts on the child (e.g. meeting milestones, development of secure attachment) as well as the mothers (e.g. parenting competence, attachment, and re-offending). Other literature includes unpublished reports and reports by research grant fellows.

The following briefly summarises key learnings from a selection of literature¹⁰ on mothers with children housed in prisons. Of note is that the settings that are referred to have characteristics in common with the New Zealand MWB units¹¹. That is, the 'nurseries' or mother with baby units' are typically separate residential units to the general prison population, there is effort made to ensure that the environment is child-friendly and stimulating, the mothers typically receive support for their parenting from staff, and via programmes, and there are often external agencies involved with the units.

3.1.1 Key Learnings

Byrne, Goshin and Joestl (2010) in their longitudinal study of 97 mothers and 100 children¹² from two prison nursery programmes in the US, found that the majority of children who resided in the prison nursery developed secure attachment despite risk factors, such as having a mother who is insecurely attached¹³. They also found that children who resided in the nursery for longer (12months plus) had a greater likelihood of achieving secure attachment than those who exited prior to twelve months. This was attributed by the researchers to the prison nursery being a supportive environment and thus acting as a protective factor, when compared to the outside environment which was typified by the stressors often faced by ex-prison inmates on re-entry to the community (Borelli, Goshin, Joestl, Clark & Byrne, 2010; Byrne, Goshin & Blanchard-Lewis, 2012; Byrne, et al., 2010; Goshin & Byrne, 2009).

The children in Byrne et al.'s (2010; 2012) study were also measured on developmental milestones and the results showed that the children in the prison nursery programme achieved developmental milestones at ages comparable to their community-based counterparts. When tested on various parenting measures the mothers showed improvements in their parenting skills, confidence and knowledge (Borelli et al., 2012; Byrne, et al., 2010; Byrne, et al., 2012; Goshin & Byrne, 2009). An evaluation of a residential jail-diversion nursery programme¹⁴ for mothers, showed similar results in

¹⁰ Note that there is some New Zealand research (e.g. Kingi (2011)), which has not been included here, as the primary focus is on international studies.

¹¹ There is some earlier research (e.g. Catan, 1992, as cited in Goshin & Byrne, 2009, p.5) that identified some negative consequences for children residing in prison with their mothers, (e.g. developmental delays). This was attributed to a lack of stimulation, citing children being left strapped in prams for lengthy periods of time, for example, rather than being housed in prison per se, and recommendations were made to improve the facilities.

¹² There were three sets of twins.

¹³ Mothers were tested for attachment using the Adult Attachment Interview. Children of insecurely attached parents are less likely to develop secure attachment. The fact that the majority of the children of the prison mothers were securely attached is therefore an even more significant finding.

¹⁴ This programme was a 15-month jail-diversion intervention for pregnant, nonviolent offenders with a history of substance abuse. All women received extensive wrap-around social services as well as the Circle of Security Perinatal Protocol. The programme included a residential-living phase from pregnancy until the infant was aged six months and a community-living phase until 12 months. The research sample was 20 mother-baby dyads who completed the full programme. Although not based in a prison, there are some similarities; the mothers are offenders who would, without a child, have likely received a prison sentence, the programme is residential for mother and child, includes support for parenting, and has other social service interventions.

terms of secure attachment in the infants and higher maternal sensitivity scores for the mothers who completed the full programme (Cassidy, Ziv, Stupica, Sherman, Butler, Karfgin, Cooper, Hoffman & Powell, 2010).

In terms of 'good practice', and factors that support the above positive outcomes, research indicates that a mother with baby unit should be a child-friendly and stimulating environment, have a focus on developing the relationship between incarcerated mothers and their infants, promote age-appropriate child development, provide the mother with parenting and life skills education, and have a post-release support service (e.g. home visiting) (see: Byrne et al, 2010; Cassidy et al., 2010; Goshin & Byrne; 2009; Paddick; 2011).

Because attachment is directly linked to child development, attention to creating environments that support age-appropriate development is an important part of prison nursery implementation versus simply housing the infants while their mothers serve their sentences (Goshin & Byrne, 2009, p. 10).

Reports by research fellows, Paddick (2011) and Robins (2012), are both useful reference documents. Both authors visited mother with baby facilities in a range of different countries, and provide a wealth of descriptive information about the various facilities that exist. Robins also interviewed people from non-government organisations working within the facilities, so provides further information on how these organisations work within the mother with baby units. Both authors make comparisons, identify strengths and weaknesses of the various facilities, and identify a range of options that New Zealand could consider. For example, strengthening post-release support and encouraging 'through' services (Robins, 2012), and design features to make facilities more child-friendly (Paddick, 2011). As well, both reports provide indications that many of the 'issues' and experiences that this evaluation has identified in the New Zealand MWB units, are common across the world. For example, mothers reporting better bonding and attachment with their child as a result of being in the units, challenges for staff in managing offenders with children, and a common theme of 'best interests of the child' underpinning decision-making.

In terms of recidivism there is some evidence that mothers who have had a child in a mother with baby unit, are less likely to re-offend (see: Byrne et al, 2010; Carlson, 2001; New York Department of Correctional Services (NYDOCS), 2002, as cited in Diamond & Orwish-Gross, 2012; Robins, 2012; Rowland & Watts, 2007). For example, New York and Washington State reported approximately fifty percent lower three-year recidivism rates (13% vs. 26% in New York and 15% vs. 38% in Washington) in women who had participated in the nurseries when compared to women released from the general prison population (NYDOCS, 2002, as cited in Diamond, & Orwish-Gross, 2012; Rowland & Watts, 2007). Byrne (2007-2009) reported zero new court convictions, and only a ten percent return for parole violations, one year post-release, from mothers in their longitudinal study of 97 mothers.

Robins (2012) was also able to collect some re-offending data from nine of the ten prisons that she visited during 2011, all of which showed that recidivism rates for prisoners who had been able to keep their child with them, was significantly lower than the rates for the general population. Some for example, showed differences as great as seventy seven percent (i.e. ten percent re-offending rate for mothers from the mother with baby units and eighty seven percent for the general population of that prison). The 'average' rate across the nine prisons was a difference of about fifty percent (Robins, 2012).

It must be noted that comparing re-offending rates with the general population can be problematic as women in mother with baby units tend to be 'screened' so will not necessarily have the same range of offences, sentence length, and history as the general prison population. That is, it could be argued that they might be offenders who would be less likely to re-offend anyway (Byrne et al., 2010; Robins, 2012). However, one US study which tried to allow for this issue, by comparing re-offending rates of women from the same prison before and after a prison nursery programme was initiated, reported similar results. They found that one-third of the pregnant women who birthed their babies in the four years before the inauguration of their nursery returned to the facility for a new

crime within three years of release, whereas only nine percent of nursery participants in the first five years of their program re-offended (Carlson, 2001).

3.1.2 Summary

Overall, whilst there is not a large amount of research on mother with baby programmes in prisons, the results tend to be consistent. There is evidence to indicate that mother with baby units support development of secure attachment in the child and increased parenting skills and maternal sensitivity in the mothers. There is a need to ensure that the facilities are appropriate and support the child to develop and mother to parent effectively. There is evidence to support 'through' services that continue support post-release. As well there is a growing body of evidence that mother with baby units can help reduce re-offending.

3.2 Evaluation Objective Two

Assess progress toward addressing the recommendations of Phase II, specifically, improvements made to:

- *admission processes;*
- *alternative caregiver assessments;*
- *access to programmes and services for both mothers and children;*
- *processes, systems and documentation to ensure the safety and well-being of the child;*
- *child nutrition;*
- *the provision of transitional support when mothers and children leave prison;*
- *monitoring and reporting, including keeping of file notes, the new database and its application, and clarification of the legal requirements relating to monitoring mothers and children; and*
- *staff recruitment and training, including their understanding of roles and (legal) responsibilities.*

3.2.1 Admission Processes

Findings indicate that the admission processes have generally remained the same across the sites. As with the previous two phases, mothers continue to report that they found out about the MWB units at different 'points' across the case management process via different information sources, although primarily through other people within the prison environment such as staff or other female prisoners.

Each prison continues to have a CM with social work qualifications who interviews the mother, completes the various application forms and ensures the Child Youth and Family (CYF) and other checks (e.g. of alternative caregivers) are completed. Interviewees continue to speak favourably regarding the need to have a CM with social work qualifications for the MWB units. Interviewees stated that the application forms had not undergone any significant changes, despite plans 12 months ago to review these as it was felt that they were too 'tick boxy' and did not necessarily 'tell the full story' in a clear and comprehensive manner. Staff still felt this way and still expressed dissatisfaction with the forms.

The decision-making process remains unchanged and each site continues to do this slightly differently. In Auckland a multi-disciplinary team (MDT) including external personnel from CYF, meet to consider the application¹⁵. In Christchurch the CM, Prison Manager and Residential Manager meet to consider the application, and in Arohata the Prison Manager considers the application. At all sites the final decision continues to be at the discretion of the Prison Manager.

The wait time regarding the approval process, continues to be viewed as too long, stressful and therefore unsatisfactory. It was noted at one prison, that applications seemed to be taking longer than they had been twelve months ago, although reasons for this were unclear.

¹⁵ The MDT meetings at Auckland occur on a monthly basis, and other issues (other than applications) are also discussed at these meetings (for example, whether to remove a child or to consider appeals of decisions).

We may be dragging our feet a bit on getting approvals done.... [The] girls seemed to be waiting quite a while [for the approval to come through]. [Staff]

I was in hospital for a week, then I came here and saw [the CM] and filled in application and left it with her. It was handled well and the only thing that got to me – I had to wait nearly five days before they told me I could keep [my baby]. When you're nearly full-term and they are saying you have to wait and have to wait five days and I already had bleeding from stress. Really hard not to stress. Other than that it was really good. [Mother]

I came into Self Care when I was pregnant. The most horrible thing is not knowing. I spent three months in remand not knowing if I was going to keep my baby. [Mother]

It would be nice for the prisoner to have the plan in sooner; it causes distress because they don't know what's going to happen; whether they can keep the baby. [Staff]

In relation to changes and developments that have occurred in this area, there have been a few.

At one prison, the CM's office is now situated at Self Cares (and beside the MWB units), where previously this was not the case. This was deemed to be a positive development as the CM was now 'on hand' to speak to the mothers more regularly, deal with issues as they arose regarding the mothers and children and also offer advice to staff regarding the MWB unit, where necessary.

Having the case manager on site is very helpful. There's a lot of things – she's responsible for some of the programmes for some of the mothers. Having [the CM] in the unit is helpful and they get to see the mothers on a day to day basis.

At one prison, it was also noted that they had strengthened their relationship with CYF, in the past twelve months, and now have one contact person who they can direct enquiries to, and who is the MDT¹⁶ representative. This development could be considered an improvement as it will ensure that there is a consistent person and therefore consistent information from CYF whereas in Phase II there was an issue of conflicting information from different CYF offices and CYF staff.

A recommendation of Phase II was that mothers receive an induction into the MWB units. The extent to which this now occurs was mixed. All the mothers interviewed remembered signing a parenting agreement, and some remembered an induction, although how this was done appeared to be dependent on the staff, as illustrated by the following quote.

Got inducted into the unit. I got inducted into Self Cares which is a formality – just paperwork for you to sign. The staff have changed so it's probably better [now]. The real induction happened when I moved into the [MWB] unit [interviewer note: i.e. from the other mothers]. ... It would have been better to get a full induction ... like what [staff] did with [another mother]. ... Induction – the policy is probably fine but it's an officer issue – how it is done.

In the past twelve months Christchurch has updated their MWB prisoner information book which is given to all the mothers, and Auckland reported that they are working on a similar document. The updating and creation of such books is a positive development as it provides mothers with a written document that they can refer to.

A significant change in the past twelve months is that there have been mothers accepted into the units at Arohata. Last year one mother gave birth and kept her child with her until her release when the child was approximately four months old. A second mother has recently had her MWB application accepted at Arohata. She is due to have her baby in May/June 2013, and is currently housed overnight in the main prison¹⁷, although is able to spend time during the day at the MWB unit in order to set up the house and get things ready for the child¹⁸. At the time of the evaluation

¹⁶ The MDT is an aspect of the MWB policy that is discussed in this chapter under Evaluation Objective Four.

¹⁷ The pregnant mother had been approved to keep her baby in the MWB units, and was spending the day at the MWB unit / house although she spent her nights in the main prison, as this was more accessible for staff if she went in to labour, due to the MWB unit being in an external self care facility.

¹⁸ Other applications have been accepted at Arohata, over the past twelve months although these mothers were released prior to giving birth.

team visit there was at least one other pregnant woman at Arohata although it was unclear whether she had applied for the MWB units.

The addition of mothers with children at Arohata is a positive development. All three MWB units have now had mothers and children where previously this was not the case. With the addition of mothers with babies at Arohata it could be argued that this site has moved from a culture of 'risk management' (i.e. a perception that MWB units are a risk to the Department), to a culture of 'how do we support the best interests of the child', resulting in children now being housed at Arohata.

Having a mother accepted at Arohata also resulted in some operational changes. Specifically, shift changes were initiated to ensure additional staff coverage for a longer period of time at the Self Care units¹⁹, and some changes in staffing occurred to ensure that staff in the units are those who are happy to work with and support a mother and child²⁰. Overall, it was reported that staff adjusted well to the child being there and that the processes regarding having a mother with a child onsite worked effectively. Staff interviewees also spoke favourably about the MWB units and having a child onsite.

At another prison a mother, with two children of different ages, one five months and one 22 months of age, was admitted to the MWB units. It is understood that this is the first example of this occurring as a result of the new policy. Again this is a positive development as it provides evidence that there is a recognition that the needs of both children, not just the younger child, are being taken into account at the application process.

Finally, it was identified that the 'appeals' (review of a declined application) information and form²¹ needed updating as it directs that the appeal should go to the Assistant Regional Manager, a position which no longer exists. Therefore, it is unclear who these appeal applications should now go to.

3.2.2 Alternative Caregiver Assessments

One of the areas that the previous evaluation phases highlighted were concerns about alternative caregiver assessments²², in particular that the process regarding alternative caregiver assessments needed further investigation. Concerns were raised regarding the consistency of CYF checks, the need to ensure robust background checks and to extend this process to other people living at alternative caregiver addresses. Findings from Phase III indicate that this issue is still an important one and is being considered at a range of levels.

From a national perspective, key people are well aware of the issues regarding alternative caregiver assessments as the following interview summary information explains:

At present, a CYF check can mean anything, from a tick box 'yes, a check has been done', through to further information that outlines thoughts and views around the alternative caregiver, for example. At present, it is quite vague as a request. We are now looking at a lot more information about the caregiver and being clear that they know about their roles and responsibilities as an alternative caregiver, and doing a check on everybody in the house and so on.

This particular interviewee also acknowledged that the capacity of the person as an alternative caregiver needed to be determined and creating a more thorough process was necessary, including home checks and possible options about what types of organisations could possibly conduct such checks. Whilst all the above issues were noted, this particular interviewee

¹⁹ Arohata self cares now operate two rosters (6am to 2pm and 2pm to 8pm), whereas previously they had one 8am to 5pm roster.

²⁰ The importance of having staff in the MWB units who want to work with mothers and children was raised in the previous two phases and remained a theme in Phase III.

²¹ See for example, M.03.04 Form.04, Prison Services Operations Manual (PSOM).

²² Alternative caregivers are intended to be available to provide care of the child should the mother be unavailable (e.g. sick, court appearances, emergency), and are also the named caregivers should the child leave the prison (e.g. be uplifted in the event of an emergency or have reached the age of 24 months). According to PSOM, there should be at least two nominated alternative caregivers. These people, who are usually family members, are identified on the application form and must be approved as part of the application process.

emphasised that these processes were not yet formalised and developments in this area were still progressing.

At an operational level, evidence from other sources also showed that developments were still very much 'in progress.' While there have been no changes to forms which suggests there have been no change to the processes (based on the assumption that if the process was going to be changed then the forms would be changed to align to these processes), there is evidence to indicate that some CMs are addressing this issue. Specifically, some CMs stated that they were asking alternative caregivers more in-depth questions in order to elicit more detailed information, were meeting the alternative caregivers where they could, and were getting (CYF) checks done on all the people named as being in the alternative caregiver's home. The CMs explain:

The application is 'weak' – I struggle with it because of the caregiver situation – I don't know what home situation these kids might be going into. ... I've made it my business to meet these caregivers.

We tend to explore it [alternative caregivers] further with more questions – find out who is living there etc and check those people too.

What is clear from the evidence is that alternative caregiver assessments are still considered an important issue. However, developments in this area are very much 'in progress' and whilst individual CMs have begun to make some positive changes to address this, the changes are reliant on the individual and are not part of any formalised processes yet.

3.2.3 Programmes

Access to Programmes and Childcare Options

One of the issues identified in Phases I and II was whether or not mothers had the ability to complete the programmes they needed to, given the addition of a small child to look after. There have been some changes in this area in the past 12 months, and these are discussed below for each site.

In order that mothers can fully participate in programmes, Christchurch has a number of options for mothers regarding childcare. These include: (i) child care at a local childcare centre²³ which the prison has arranged and will pay for if a mother is doing a programme; (ii) other prisoners (usually another mother) caring for the child; or (iii) taking their child to a programme if appropriate. Of these, the day care option has been initiated in the past 12 months, while the other two options were present 12 months ago. Also of note is that the mothers could, if they want to, arrange for alternative caregivers to collect the child and babysit, off site, while the mother attended a programme. However, none of the current mothers were using this option.

The three options above have all been utilised by the mothers, and all of those who were interviewed in this phase had either been completing programmes or if they were new to the prison²⁴, were enrolled to start at least one programme. The mothers explain:

[Our child] can go to day care while we do programmes. I've just finished Kowhiritanga, graduated. [My son] went to day care. I'm about to start the short 'A and D' [alcohol and drug] course and [son] will go to day care [while I do that course].

I had a babysitter – another prisoner, someone from Self Cares – another Mum - when [I did the Alcohol and Drug course].

A key theme that emerged was the need to consider the 'best interests of the child' and ensure that if the child is going to day care it is for the benefit of the child, not just because the mother wants a break.

²³ Note that the prison has utilised two different childcare centres in the past twelve months. The mothers are also expected to do the drop-offs and pick-ups at day care; this is considered important so that they gain experience in this process.

²⁴ Note that at the time of the site visit one of the mothers had only been in the Prison for about two weeks.

One mum wanted to send [her child] out [to day care] to give herself a break and we said no, because it's [day care] about the baby.

However, there are times when a child may attend day care even though the mother is not doing a programme, if it is deemed in the best interests of the child. For example, one mother had a child who had been attending day care four mornings a week while the mother completed a criminogenic programme (Kowhiritanga). After she had completed Kowhiritanga, the mother enrolled in another programme which only occurred once a week. The mother felt that it was too big a change for the child to go from four mornings at day care to only one morning at day care because she felt her child enjoyed day care and was getting a lot out of it. In the mother's opinion, her child would benefit from having at least two mornings a week at day care. The prison agreed to this however the mother would have to pay for the 'extra' morning. The mother agreed and her child attends day care two mornings a week, one of which she pays for herself.

A number of the Christchurch mothers noted that they had 'done everything on [their] sentence plans'. The only programme that none of the Christchurch mothers had enrolled in was the Drug Treatment Unit (DTU) which is run at Arohata, although a number of them had enrolled in and/or completed the short Alcohol and Other Drug (AoD) course offered at Christchurch.

Have done the programmes on the [sentence] plan. Only other things I could do is DTU and release to work, but not really suitable for those with [a child]. Have done tikanga, alcohol and drug, and parenting.

As well as the above programmes Christchurch had the Brainwave Trust²⁵ come and present to all the women in one part of the prison including those in the MWB units²⁶. This course was appreciated by the mothers who were able to apply the information to their own behaviour, as the following quote illustrates.

Brainwave stuff was new for me. It has made me take a good hard look at the things I was doing and the way I was behaving. Being in jail full stop has made me take a good hard look at my behaviour.

In Auckland, mothers can either take their children with them and attend some programmes, or staff or other prisoner mothers can be asked to babysit, or children can be sent out with alternative caregivers. In addition, some programmes have been arranged specifically for the mothers in the units and held in the activity room at Self Cares (e.g. Smart Choices). Interviews indicate that a mother had completed Kowhiritanga²⁷ during which time her child stayed with family outside of the prison, for four nights a week. Findings indicate that overall, mothers in Auckland appeared to be less likely to be enrolled in programmes, than for example, mothers at Christchurch and this is largely because the mothers have children, as the following interviewees explain;

Babies can go out – one mum went to Kowhiritanga and baby went to family from Sunday to Thursday. We have had staff look after them, [children].

Once you have your baby it's very hard to do programmes. It's not always a given that mums or staff will look after your children.

There's a lot of struggle to get into programmes [because of their children] but there shouldn't be. So [we are] getting programmes to come to them. We had Smart Choices to come here [Self Cares]. That was successful.

In Phases I and II outside day care was being considered in Auckland and it continues to be an option that Auckland mothers would like to have, both for their child's wellbeing needs and as well, to enable them to attend programmes.

²⁵ The Brainwave Trust course focuses on brain development and attachment theory.

²⁶ Also of note in regards to this is that the prison valued the Brainwave Trust course to the extent that they offered it to all the women in the prison, not just the MWB unit prisoners. There are some indications that the prison has offered this course in past years, to women in the prison, although it was unclear as to how often this has occurred.

²⁷ Kowhiritanga is a ten week programme, with sessions four mornings a week. Although the option of family looking after the child enabled this mother to complete a programme, it would not necessarily be an option for all mothers, their child, and their alternative caregivers.

On the outside my [other child] attended day care – it was educational [and allowed me some sanity]. I would like day care for [this child] for her education and so that we can do programmes.

However, for this phase outside child care has not yet occurred in Auckland. Interview findings from this site suggests that mothers are encouraged to explore the option of children going to alternative caregivers in the first instance, rather than day care.

Arohata does not currently have childcare options in place, as the mother who is currently in the MWB unit has not yet birthed her baby. However, a key theme that emerged was a willingness to enable mothers to undertake programmes. The current approach at Arohata is to work on a 'case by case' basis to have an 'individualised plan' for the mother and child, and this would also apply to programmes. As one interviewee stated 'there is no reason why a mum can't do the criminogenic programmes like DTU and Kowhiritanga'. This view was supported by prison management.

Suggested options for DTU for example, included the child being able to go to some sessions of the programme (e.g. kapa haka) and child care being arranged for other less suitable sessions, and as well the mother remaining in the MWB units at night, rather than staying in the DTU²⁸. Child care options that were suggested included babysitting by alternative caregivers or other child care agencies (e.g. Barnardos) either coming in or the child going out to them.

Findings show that there are a range of childcare options occurring across the sites, in order that mothers can attend programmes. Christchurch appears to have the most options and are the only prison that are paying for external day care to support their mothers to complete programmes. Alternatively, Auckland appears to have less options with more of an emphasis on the use of alternative caregivers than the other two sites. Arohata appears to be open to a range of options depending on the mother, child and types of programmes that need to be completed.

The issue of childcare subsidies²⁹ was raised in previous phases. In particular, the fact that the mothers were deemed ineligible for the subsidy due to being incarcerated. However, the subsidy is for the benefit of children and as such it could be argued that the child is being disadvantaged because their mother is an offender. When asked, interviewees were unable to provide any further information on this subject, suggesting that this issue has not been pursued since the last phase.

MWB Programmes³⁰

In the previous phases, there was discussion about the types of specific MWB programmes that were available and what an 'optimum' programme would look like. Some of the ideas canvassed were that an optimum MWB programme 'would be one that meets the needs of the mothers and babies, include the brainwave component (programme about brain development) and align with the intent of the policy'. This section outlines the types of MWB programmes that are currently being offered with a summary of whether or not these programmes could be said to meet any of the 'optimum' requirements noted above.

Christchurch continues to offer a MWB programme, New Start Plus, provided by the Family Help Trust, which includes a worker who comes once a week and works with each mother and child individually. It is also a 'through' service; that is that they continue to work with the mothers upon their release, if they are released to live in Christchurch or to link them with other services if they live outside of the Christchurch area.

Feedback from mothers about the service was positive. The worker was respected and appreciated for her knowledge and the way she worked with the mothers. Findings indicated that the worker tailored the service to the needs of the individual mothers. For example, one mother appreciated having written goals and actions and completing the workbook, while others were older mothers

²⁸ The DTU programme at Arohata is a residential programme, and participants on a programme are housed together within the DTU.

²⁹ This is a government subsidy to enable children to attend early childhood education.

³⁰ Both Christchurch and Auckland have a 'MWB programme' that the mothers are enrolled in as part of being in MWB units; these are compulsory programmes for the mothers. Arohata does not have a MWB programme.

who needed less 'basic' parenting information than the first time mothers and so received advice or information relevant to their needs, and referrals to, for example, the breastfeeding advisor.

It's helpful – I look forward to her visits. ... She has got some good ideas about things. Giving me some good ideas.. She also helped with getting breastfeeding lady to come and talk to me.

The worker comes every Thursday. She'll be coming to my house when I go home. We do a booklet with her. It's always good to have a refresher. There's things that have changed over the years [since my other children were this young].

Family Help Trust worker comes in and talks to us both. Helps us with baby. Family Help Trust will stand by you.

Me and [the worker] we do a Family Plan. We do it every six months. [Interviewer's note: a completed plan was sighted and had clear goals, actions and dates for achievement]

Auckland's MWB programme is a 14 week parenting programme called Incredible Years, delivered weekly to the mothers and children as a group by Family Works. This is compared to a 40 week programme that was delivered by a different provider during Phases I and II. Interviewees raised some issues with the current programme. The main issue was that mothers had to repeat the programme for however many times the programme was being delivered whilst the mother was in prison. At least two mothers, for example had already graduated from it twice, and were due to start it for a third time.

We have this parenting programme, Incredible Years. It's proving to be of no benefit. [Mother] has graduated twice!

When explored further, interviewees were able to clarify that the preference was not for a cyclic repeating programme as this was 'boring' for the mothers, who were gaining little benefit and as well, were complaining to staff about it.

We wanted - because it's compulsory that they go – something that they can go to that anyone can join in – so not repeating the same stuff over and over. We didn't want a 14 week programme that is being repeated.

The parenting course, the prisoners have been complaining about it because they feel there's so much money spent, and it is boring.

It is unclear why mothers need to repeat this particular programme. However, repeating a programme multiple times for no apparent reason other than because it is a MWB programme, does not seem to fit the optimum requirements mentioned above. As well, any benefits that may be gained from completing the programme (the first time) may be overshadowed by this 'forced repeat attendance'.

Overall the findings about the MWB programmes were mixed. The way in which Christchurch are delivering their programme appears to be optimal, in that it is appropriate, appreciated and meeting the needs of the mothers and babies. As a result interviewees were very positive about this individualised approach. In Auckland the feedback was less positive with the main issue being the fact that mothers are having to repeat a programme multiple times for no apparent reason, other than it being compulsory.

3.2.4 Safety and Wellbeing of Children

Findings in this section relate to bonding, developmental needs, outings, resources, physical health and safety and contact with whānau/siblings. These areas are outlined in further detail below.

Bonding

Consistent with the findings that were identified in Phases I and II, and as well in line with other research³¹, many of the mothers and children appeared to be well-attached and bonded and stated

³¹ See Literature Review section of this report.

that this was to a greater extent than would probably have happened had they not been in the MWB units. The mothers explain:

Coming to jail is never ideal, but the only silver lining ... on the outside I would have all the other things (life, relationship, other children) but in here [my son] gets all my time. Have had a really good chance to bond. Being able to have him fullstop. Not having to give him up [is positive].

If I wasn't here [MWB unit] my baby would never know me. There would be no bond.

On the outside I was a full time worker and a mum. Being a working mum is not enjoyable. [I] struggled [because I] was not spending time with [my other daughter]. In here, I am enjoying being a mother. I feel blessed. This is an opportunity. There are no stresses in here – don't have to worry about bills, rent, power, partners.

At least one mother was aware of a potential consequence of this type of environment; that is the creation of an environment that does not present mothers with 'the realities' of real life and learning to deal with these.

Exactly what they say [being in here] is an opportunity to bond with our children. Privileged to be a Mum without the complications. Which is not good because we need to learn to juggle.

There were some instances across all phases, where some mothers and children appeared to be less attached. Interviewees in this phase considered that from their observations, these less-attached children were more likely to be ones that were 'brought in' (i.e. at an older age).

[One mother, her] child was 14 or 15 months old when she came in. Attachment wasn't strong, so I wonder if she hadn't done much caring [for her child, before coming to jail] and she found it hard. [Staff]

Developmental Needs

Findings indicated that the environment is continuing to meet most of the developmental needs of the children, and that the prisons are aware of the need to have provision for meeting these needs. For example, all the mothers and their babies continue to have the opportunity to enrol in early childhood agencies (for example, Plunket, Family Start, Tamariki Ora), and most are enrolled with at least one³². Auckland has a weekly music group (Wriggle and Rhyme) who come into the prison. These options were available throughout Phase I and II of the evaluation and no further agencies or programmes have been added in the last 12 months.

Outings

All three prisons had processes in place for 'outings' for the children to aid social development. These included, for example, grocery shopping, swimming lessons, trips to the library, the park, animal farms, and playgrounds, and in the case of Arohata, walks 'outside the wire'.

The mum who was in [Arohata] last year, baby went out for lots of walks in the pram. [We] wanted to make sure that baby didn't freak out at e.g. noises, cars, phones ringing etc. It is a very quiet prison and wanted 'normal' day to day sounds [for the child].

I never knew that you could have your baby [in jail]. They [prison] are really good with outings and trying to make the environment as normal as possible [for the child].

A key theme that emerged in this phase, in relation to 'outings' was that the prisons have had to adjust their policies and processes regarding outings, dependent on a number of factors, such as the classification of the mothers, the number of mothers (and children) in the units, the level of experience of the mothers, and the ages of the children. Although the changes have in some situations caused some disruption or frustration, it is something that will continue to occur as mothers come and go from the units and the dynamics and needs change.

³² Note that one mother had only just come in to prison and had yet to enrol with other services and another was pregnant at the time of our visit, so was still under the care of her midwife.

There have been some recent changes in Christchurch's processes, primarily for logistical reasons due to having an increased number of mothers and children in the units. At the time of writing this report there were seven children in the units. This is a contrast from only one child (in Phases I and II) who, without outings, would have not seen or interacted with other children on a regular basis.

[We] have put in a few changes but mainly through the escorting regime, because staff were coming in [to work] and weren't sure what was happening. And there was a lot of outings and a lot weren't benefiting baby. [So we] have cut down outings. Swimming and library runs are weekly. Done monthly social outings for baby.

The changes met with mixed reactions from the mothers. However, there appeared to be a shared understanding of why it had occurred, even if they did not particularly like it.

When I first came in there was only me and another girl and we had a lot more freedom for outing. We could go out every day. Since the other mums have come – it's quite They've had to tighten, streamline. I understand why. But it means the babies don't go out as much.

Christchurch has also tightened up on the age at which children can go on social outings³³. The reasons for this were related to developmental age with the view that younger children would not benefit as much from the outings as older children.

Also we've got [an age limit] at five months old baby can start going out. ... it is more about baby's interaction and noticing a lot more. At five months baby is sitting up and taking notice. I'd taken a three month old baby to the library. The difference at five months – at that stage baby is benefiting more from the outing. Girls [mothers] have found [the change] hard because before they could take baby at six weeks to the park.

As noted above, Christchurch has changed some processes to meet the increased numbers of mothers and children. At the same time, they have developed criteria for outings based on age-appropriateness, whereas previously this may not have been relevant (as there was only one child, as mentioned above). These developments could be considered positive in that they are looking at multiple factors but particularly, what is 'best' and 'most appropriate' for the child and their different situations.

Since Phases I and II, Auckland appears to have lost some momentum with the outings which was a cause of some frustration to the mothers. For example, last year Auckland had initiated mothers attending a weekly play group in the community. This had then been discontinued for a few months and the reasons for this were unclear, although it appeared to be related to a new cohort of mothers coming in, some of whom were not yet approved to go out. Grocery shopping had also discontinued. However, some mothers had recently been approved as shoppers, and attending an outside playgroup was due to start up in mid-May, and the mothers were looking forward to it.

Arohata had only had one mother so far and had received a 'blanket approval' for regular activities.

The mum ... can have a blanket approval for regular 'activities' – e.g. taking baby for walks.

Another intention, identified by interviewees at Arohata, was to have an individualised plan for each mother and child, taking needs into account on a case by case basis.

The plan is to look at the mothers on a case by case basis – have an individualised plan for the mum and baby. Therefore a plan for a new first time mum might be different than a mum with other children. ... The 'best interests of the child' is at the forefront of how the decisions are made regarding matters of mother and baby. [We] want to ensure that staff don't have a 'one size fits all' process / plan for the mothers and just deliver that.

Based on the above information, outings are still seen to be an important part of MWB units in order to provide experiences and aid social development of the children. It appears that overall, the process has remained unchanged. However, in some cases, some processes have been slightly

³³ Note that Auckland has five months as the age that babies can go to the swimming, provided that their vaccinations are up to date.

amended to meet the demands and needs of catering for increasing numbers of mothers and children.

Resources

In keeping with feedback from Phases I and II, there was still feedback regarding the lack of developmental and age-appropriate toys.

[We] don't have our first basic educational toys – e.g. stacking boxes, phonetics books. We have all these Fisher and Price toys but it is not realistic. I would love a paddling pool for summer. They have a sandpit/playground, but don't have what I feel is suitable developmental toys.

My only frustration is to get educational things – we have all these toys here but they're not age-appropriate.

In regards to the physical facilities, the safety and wellbeing of the children is an important consideration and something the Department is mindful of. Overall, the findings indicate that physical facilities, in general, continue to meet the safety needs of the children and babies. There were some issues about, for example, broken safety latches in kitchen cupboards that needed to be repaired and whether a television would be safer if it was fixed to the wall to prevent toddlers pulling on it. Aside from these examples, the physical facilities continue to be seen as appropriate for mothers and children.

Contact with Whānau/Siblings

Across all sites it was clear that most of the children had some contact with their siblings and whānau, both offsite and onsite.

In terms of offsite arrangements, a new development in this phase has been guidelines regarding who can take the child out of the prison without their mother (e.g. for a visit with family). These guidelines include only allowing the alternative caregivers or an approved visitor to collect the child, and having a form that has to be signed when they take a child out stating that they (the caregiver/visitor) are responsible for the child while outside the prison.

Anyone the [mothers] have to take the children out for the day has to be an approved visitor – police checks, CYF check but that's all.

We've done some work with National Office – they are getting a form that the caregivers have to sign to say they are responsible [for the child while the child is offsite].

In Christchurch the prison had approved special visits for family members who lived some distance from the prison and as well for family who wanted more contact. For example:

They do a special visit for [child's Dad] on a Wednesday night at the baby room. He [also] picks her on Sunday to take [child] out, and comes to 'visits' on Saturdays. Two of my older children also visit on a Saturday. ... We can only have three visitors at a time, so we split the visit – [child's] Dad and two siblings come for an hour, and my Mum and a sister for an hour.

My parents come and have special visits every three to six months, for an hour. [Interviewer note: Parents live about six hours drive away].

In Arohata, family visits were encouraged and occurred in the MWB unit for the mother who was there last year. As well, the current mother transferred from Auckland to the Arohata MWB units, because her partner and other children live in the Wellington region. Of interest with this case is that her sentence length means that her child will be older than nine months before she is eligible for release. Despite this, Arohata approved her for the MWB unit because she has family support close by, which was considered to be important for her and her child. When her child is close to the nine month threshold, and if she wants her child to stay, Arohata will either apply for an exemption to allow her and her child to stay there and/or she will be transferred to another MWB unit for the remainder of her sentence.

Children in the Auckland units were going outside to stay with family for lengthy periods. For example some children were going out as regularly as one week a month, whilst others were going out for a weekend at least twice a month. These visits were stated as being for the purposes of increasing bonding with alternative caregivers and other family and siblings³⁴. While supporting contact with alternative caregivers and siblings is positive, it is difficult to reconcile the lengthy separations with the intentions of the MWB policy to promote attachment between mother and child, support breastfeeding³⁵, and be in the best interests of the child.

Attachment theory would argue that repeated separations may interfere with the development of healthy attachments³⁶. As well lengthy separations have a negative effect on sustaining a breastfeeding relationship and maintaining a milk supply³⁷. There are also some potential reintegration issues that could occur with the lengthy visits away. For example, in the community the mother may not have a week-long break, every month with no children, and as such, setting this pattern up may not be a helpful one, long term.

Another theme raised by interviewees was the lack of options for 'whole family bonding.' Some prisons (e.g. Arohata, and in previous phases in Auckland) had family visits in the MWB units (with staff supervision) to enable the whole family to spend time together in a 'home-like' environment.

There's not a lot of allowance for the whole family to bond ... what I find hard to do is reintegrate mums and babies back into their own family because mum and other children are away from their children.

This phase has seen a continuation of whānau and sibling contact opportunities, with an overall indication that there is a will to ensure that the child in the MWB units has contact with their wider family. Different options including onsite visits, overnight stays and special visits have all been utilised. Some new developments in this phase include lengthy separations (e.g. one week a month) for some children and new guidelines for ensuring that only approved caregivers can take a child out, and that they are responsible for the child during the outing.

3.2.5 Nutrition

In terms of nutrition, findings were similar to those of Phases I and II. That is mothers were still receiving nutritional advice from staff and at times this advice is a source of tension for the mothers some of whom believe that there are inconsistencies. However, it remains a clear finding that some mothers are in need of guidance in this area. There was no evidence in this phase that staff had received any further training in regards to nutrition or that nutrition expectations were included in the mother's parenting agreements, as had been recommended in Phase II. However, Auckland did note that they had brought in some courses and information for mothers, and that the mothers were encouraged to eat from the vegetable gardens³⁸.

We use [our] resources [to bring information in] For example, we have done [a course on] shaken baby syndrome, we're getting Plunket [in] to do something on safe sleeping, we're doing healthy eating. We encourage them to utilise the garden for their food.

3.2.6 Transition Processes

Phases I and II identified that transition is 'ideally an incremental process consisting of short visits by the alternative caregivers to the child in prison, followed by short outings outside of the prison environment, both with and without mother, with eventually longer external outings culminating in overnight stays outside of the prison environment.

³⁴ Note that these children were under 12 months and were not going out so that their mothers could attend a programme for example.

³⁵ Corrections (Mother with Babies) Amendment Bill: "This bill amends the Corrections Act 2004 to enable children of female prisoners to be accommodated with their mothers until the age of 24 months for the purpose of breastfeeding and bonding" (Source: Corrections (Mothers with Babies) Amendment Bill, www.parliament.nz).

³⁶ For example, see: Solomon & George, 1999; Zeanah, Berlin & Boris, 2011.

³⁷ Some of the babies going out were both artificially fed and breastfed. The extent to which breastfeeding was affected by the separations is unknown. That is whether the artificial milk had been introduced prior to the separations or whether the child was introduced to artificial milk as a result of being separated from their mother.

³⁸ The Auckland Self Care unit has a series of vegetable gardens.

As was noted above, in both Auckland and Christchurch most children are regularly spending time with alternative caregivers. In the past twelve months a number of mothers and children have been released together. There have also been incidences of children being exited due to the mother's behaviour. While ideally the mother and child are released together, there are some mothers, currently in the MWB units, whose children will reach the age of two years and as such will likely exit before their mother is released.

In terms of the children who will reach the two-year threshold, mothers were aware of this and were considering what this would mean for themselves and their child. The fact that their child was having external visits and knew their alternative caregiver was seen as positive, although there was recognition that the separation would be difficult.

[I think baby will be okay] because she already goes out once a week. But still when she's two years it will be hard.

One mother was keen to ensure that she had activities (e.g. programmes, studying, work) she was involved in so that she would be able to have something to do and keep her busy if her child went out before she did.

If I can get really involved with other things in the prison, and if she goes home and I don't, then that would give me something to do, to occupy my mind. Without that, if I do nothing, and she goes ...

In the past twelve months Christchurch had enquired about the option to extend a child to stay for a few months beyond the two years. They had a mother who potentially would have a month or two left on her sentence, post her child's second birthday. The prison was told that extension was not an option. In this case the mother was released prior to her child's turning two years of age, so they did not have to follow this up further. However, the question was raised, 'to what extent is an extension an option?' There does need to be some clarity around this, as prior to the policy change, extensions were approved in some cases for children to stay on for a few more months with their mothers, so it is something that has occurred in the past.

3.2.7 Monitoring and Reporting

In terms of monitoring and reporting on information about the mothers and their children there has been some change in the past twelve months.

At national level, a form has been created whereby mothers consent to information sharing (across specifically identified agencies), about themselves and their children. Mothers have input into the types of agencies that can access this information and it is understood that this information is collected for the purposes of: i) assisting with assessing the suitability of placement to the MWB units; ii) ensuring that the ongoing needs of the mother and child are met; and, iii) ensuring that a child's safety is not compromised. Whilst it is unclear the nature and extent of 'ongoing needs' and 'child's safety', and as well, this document has not yet been 'tested' in the sites, this example does provide evidence of development in this area.

The MWB database³⁹ has been rolled out, within the past few months, although at this stage is only accessible to MWB CMs. The extent to which it has been utilised is minimal, with staff noting that they had only been "putting numbers [of mothers, children], and caregivers in at the moment."

Interviewees across the sites noted that the database was not well known either in regards to what the database collected, who the information went to and what the information was used for. As well, there was a sense that inputting this data was potentially repetitive so people would be reluctant to do this.

The development of a database has always been an integral part of the MWB policy extension. It included commissioning research to investigate options for data collection; what could or should be collected and why and how once the policy was operational (Kingi (2011)). A database was

³⁹ See Appendix 5: Database outline.

designed with the intent that it would be rolled out late 2011, early 2012. However as was noted above the database has only just gone 'live' this year and is only accessible to CMs at this stage.

Some feedback also noted that the overall prison offender management system (IOMS) was being 'overhauled' and so it would be beneficial to incorporate the database into the new system to alleviate the perception of 'double handling'.

In terms of other notes, handwritten file notes continue to be kept in Christchurch, primarily for handover purposes. Whilst there is an intention to not have notes on the children in the Intergrated Offender Management System (IOMS) some interviewees noted that children's names are still in IOMS. Although it may be necessary to refer to the fact that the prisoner has a child, it was noted that they could write 'baby' or 'child' rather than use the child's name.

There are a number of reasons why it is important to ensure that the Department has robust monitoring and reporting processes for MWB units. An internal Department memorandum about the MWB database in 2011 noted that while some data was recorded about mothers and their children in the prisons, pre-the MWB policy extension, 'the data collection can be inconsistent and unclear, which has made it difficult to report on over time' (p.1). This resulted in requests for information being 'time-consuming for both National Office and site staff to respond to' (p.1). In addition in all phases of the evaluation there has been no one easily accessible source of basic statistical data (e.g. numbers of mothers, ages of children, length of time in the units) about the mothers or the children in the MWB units. The MWB database was intended to overcome some of these issues and assist the Department to:

- report on the use of full-time and part-time mother with babies facilities
- respond to requests for information from stakeholders and interested parties
- support the operational management of the facilities
- assist with evaluation and research regarding the facilities. (Internal memo, 2011, p.1)

In terms of the importance of using the database or even why it should be used, interviewees did not provide feedback in this area. This should not be surprising as the database is only accessible to a very small number of people who admit themselves that they rarely use it. Therefore, the purpose and value of using the database appears to be unknown to those staff that have accessibility to the database and unsurprisingly, other staff are also unaware of the purpose and value of the database.

The findings of this phase suggest that there have been some developments regarding monitoring and reporting. In regards to the MWB database whilst it has now rolled out, it has yet to be used consistently. If the database is going to be useful for the reasons outlined above there is a need for the Department to focus some resource on ensuring the MWB database has staff buy in and is being utilised.

3.2.8 Staff

Training

A key finding from the Phase I and II evaluation was the importance of training for staff working in the MWB unit. It was recommended that new staff to the units received the 'mother with baby' training in order to understand the policy extension and rationale. Interviewees in Phase III reported that no further 'mother with baby' staff training sessions had occurred. However, there was a stated belief, across interviewee groups, that staff working in MWB units in two of the prisons, had to have completed the 'mother with baby training' in order to work in the units.

Staff in Auckland had had other training on for example, recognising signs of child abuse, and shaken baby syndrome. These training sessions were initiated in response to incidences⁴⁰ that had

⁴⁰ For example, one prisoner saying that another prisoner had shaken a baby. Information indicates that this likely did not occur, however it was a catalyst for deciding to provide 'shaken baby' training for staff.

occurred, where it became apparent that staff would benefit from further training. However, no training in nutrition, for example, as per the recommendations, had occurred across the prisons.

Staffing the MWB Units

There have been changes to the staffing of the MWB units across the three sites in the past twelve months. This has included changes to Principal Corrections Officers (PCOs), Corrections Officers (COs) and CMs, most of which are standard rotational changes. For example, in Auckland there has been a change of PCO and some COs within Self Care / MWB units, and there is a new MWB CM who is based in the Self Care unit. At Arohata the number of rosters increased when they had a mother and child in the unit last year and these roster changes have remained.

Christchurch has made some key changes, creating a 'team leader' role for the MWB units. The team leader role is an 8am to 5pm shift, and was created to enable some consistency and oversight of the MWB units, as the following explains.

What was happening was because there was so many staff coming in staff were unsure what was happening and... things were being missed. ... With [the team leader we are] making sure that everything has been done for the following week, notifying staff, keeping an eye on the mother with babies units. At the moment [the team leader] is on an 8 to 5. That could change ... but at the moment it's working really well.

Some mothers spoke about the new team leader role as "a lot better because we know who to speak to (the Team Leader). It gives you more structure."

Christchurch has also initiated MWB meetings which occur monthly and are a forum for staff and mothers to discuss issues and changes that occur. The Prison Manager and the Residential Manager also attend the meetings. Mothers spoke about the meetings and it was clear that they were involved and able to put forward their views in the meeting.

Staff have meetings once a month with us, and [Prison Manager] and [Residential Manager] come to those and they are pretty flexible with most stuff. They have been pretty good.

Christchurch would also like to move to having designated staff for the MWB unit, in order to improve consistency and help the MWB unit to run more smoothly. This is something that has yet to occur. The prison has approached the unions about this, but so far it is still unknown as to whether it will be possible. Of note here is that the other two sites have a different roster system and do have designated staff for the Self Care /MWB units.

We would like to have dedicated mother with baby staff at Christchurch Women's Prison. We are just waiting to hear back from the unions. A dedicated team [means that the MWB unit] would run a lot smoother.

Having staff who 'want to be there' was a key theme in the previous phases and also emerged, across interviewee groups, in this phase. As one mother put it:

We need Mother with Babies' staff who want to be with 'mother with babies' and want to help us.

Although having staff who have completed the 'mother with baby' training is a key enabler to gain staff support for the policy, it is not a guarantee that those staff will be best to work with the mothers. At least one prison had shifted staff (who had done the MWB training) from the MWB units as they were 'not helpful' to the mothers.

There were staff there who didn't want to be there [in MWB units] and didn't believe that this was a positive policy, and that is unhelpful. So that was a reason for looking at [having staff] who have chosen to work [in MWB units].

The importance of employing male staff was also a theme in Phase III, and whilst there are some male staff in Christchurch and Auckland, who are rostered for the Self Care /MWB units some mothers still noted "[my child] has shown signs of being afraid of males." The findings in this phase continue to support the importance of ensuring that the children do have opportunities to regularly interact with male staff.

Custodial Role

A theme that emerged in the previous phases was about clarity for custodial staff and as the above findings indicate, working with mothers and children requires a different approach from staff, than what may be required in other units of the prisons and/or what is required for Self Cares. The key issue that was raised is the attitude and behaviour of some of the mothers. There was a sense that some of the mothers 'get away' with behaviour that other Self Care prisoners would not get away with (e.g. swearing at staff, untidy houses).

Had a really bad batch [of prisoner mothers]. We've had babies here for years and we've never had the problems like we have now. We had really good success stories. Never had the behaviours like we do now. [We] have a couple that are doing really well, but it's overshadowed [by the others]. ... It's very disruptive to the unit out there – [Self Cares] centres around the MWB units and escorts out there. Trying to keep staff positive out there which is not always easy.

There needs to be clearer understanding of the custodial position. Only look at the baby – but we have the offender – we can't let behaviour go because of the baby. All the other offenders think the [mothers] can do what they like because if they have a baby then [we're] not going to chuck them [out of the MWB units]. Don't think it's fair.

In the past twelve months three mothers⁴¹ from two different prisons had been exited from the MWB units and their children sent out, due to the mothers' behaviour. Two mothers from one prison appealed the decisions and of these, one had their child returned to them, and one did not. A staff member explains:

[Mother one] got moved to high security and she put in a review [of the decision] and she was successful in getting baby back. He was out for just over a week. He was about five months old. [Mother two] was exited as well – because of her behaviour. Her baby was five or six weeks. [She] reviewed as well but she didn't get back in. She had had too many warnings [about her behaviour].

For 'mother one' whose child was re-housed with her, the experience was a significant turning point, and resulted in some positive behaviour changes, which anecdotally have continued post-release.

She appealed [successfully] – it was the best thing that happened – it turned her around, her whole attitude.

The third mother, from another prison, had her child removed for a period of two weeks during which she moved back to the main prison and was encouraged to improve her behaviour. Her child then returned to her care in the MWB unit. However, the mother continued to have behavioural issues and her child was removed a second time, this time permanently. A staff member explains:

We had to send a toddler out and it was traumatic for everyone. Mum was very volatile and couldn't really be in Self Cares. So we got Grandma to get the child. So the child went out for two weeks while mum went [back to the main prison]. [The child came back in but] she still didn't modify her behaviour unfortunately, and second time she was told that [the child] was going.

The expansion of the classification system to include mothers of all classifications to be eligible to apply for the MWB unit appears in part, to have contributed to the issues being faced by staff. As one staff member commented when talking about two of the mothers who were exited due to their behaviour, "both of them were 'real prisoners', not polite little fraudsters, but real ratbags." Another staff member further explains:

Percentage wise – we've got some people out there that if they had to fit the classification system – if they had not had a child, they would not be in Self Cares. It makes it difficult because other prisoners know full well the same thing – [the other prisoners] feel that they've earned the right to be there and the others [i.e.

⁴¹ Note that none of these three mothers were interviewed as part of the evaluation, as they were not in the MWB units during any of the data collection phases.

those in MWB units] haven't. We have a double edged sword – trying to manage the mothers' behaviour, and support them to be mothers. It's a daily battle really.

Essentially, the Self Care unit is a unit within the prison which women generally have to 'earn' the right to be in, and there is an expected behaviour level which if not followed may result in being 'sent back' to the main prison. While some mothers may spend some time in the main prison before moving to the MWB units, others will move almost immediately into the MWB unit either because they give birth very soon after entering prison or they already had a child who is brought in.

Interview findings indicate that most of the mothers are aware of the fact that they would not be in Self Care unit without a child.

I am pretty lucky because I am low/medium so wouldn't usually be in Self Cares.

One mother who had come in early in her pregnancy, had been in the main prison moving from high to low security, before coming to Self Cares closer to her baby's birth. She spoke about the attitudes and behaviours of other mothers who had not been "through other parts of the prison" and in her view if they had been then they would have a better attitude.

From what I've seen and from how I was ... the entry process could be a lot more. I would like to see them go through other parts of the prison because then they could be grateful for what they got [in the MWB units]. Then they know what prison can be like, so then they are more grateful. If they come straight here then they do some silly things and it spoils it for the other women.

Findings also indicate that it is usually a minority of mothers who are creating issues.

There's only three in that category [i.e. causing problems]. The other [mothers] are as it should be - feel that they're lucky to be there. The others feel 'entitled' rather than something they're lucky to have. It's a daily battle [for staff]. Staff are chronically frustrated, struggling.

In terms of solutions to the above issues, there was no one theme or idea that emerged, but the point was made that if the mothers "have to follow the same rules as everyone else then we would have buy-in from staff." In fact, the mothers are technically required to follow the same rules and yet some still 'push the boundaries'.

It's [MWB policy] a good concept – not negative about it. If we could apply the same rules and not make them different – if they have to follow the same rules as everyone else then we would have buy-in from staff.

One staff member considered that staff just needed to know how to handle the 'real prisoners'. However, the fact remains that staff working in Self Cares would not generally be dealing with the attitudes and behaviours that some of the mothers are exhibiting, and if they did, then those prisoners would likely be exited from Self Cares back into the main prison population.

Some of the factors already in place or being planned should, and do, assist with this issue. For example having designated and trained staff who want to work in MWB units, having regular MWB meetings between staff and mothers, inducting mothers into the MWB units with clear expectations of behaviour. However, this is also an area that may benefit from further guidelines and/or policies to clarify and strengthen the expectations. Other options that could be considered may be separating MWB units from the Self Care units and/or having MWB units for different classifications⁴².

3.2.9 Other Findings

A number of other themes emerged from the interviews and observations and these are briefly presented here.

A 'go to' Person

There have been a number of staff changes and re-structuring within the Department in the past twelve months. Twelve months ago there was for example, an Assistant Regional Manager (ARM)

⁴² One international prison, in Germany, has different units for mothers of different classifications.

for Women's Prisons, a role which no longer exists. As well there were staff within National Office who were quite involved in the policy extension, and as a result were often 'go to' people for the prison staff (e.g. managers) to approach if they had questions or wanted clarity on policy issues. A theme that emerged in Phase III was that the prisons did not appear to have a 'go to' person and it would be useful to know who, or where within the structure, the MWB units sit and who can advise on issues that may arise.

Financial Issues

The mothers in the units are usually entitled either to child support or family assistance for their child and the mothers are responsible for paying for food, clothing and necessities for their child. While some mothers have some financial support from family, for most the Inland Revenue Department (IRD) payment is necessary.

We are told, "you are fully responsible for your child." The IRD payment is the key!

Accessing the payment requires identification for both mother and child and the applicant must 'take the completed application form, with current supporting documents to an Inland Revenue appointed verifier⁴³.' Mothers talked about the frustrations of 'phoning IRD to try and sort out payments and being asked to bring in photo identification and forms to a local IRD verifier. The Christchurch CWP Mother and Baby Unit Prisoner Information Book (Christchurch MWB information book) indicates that the CM will assist with arranging an IRD verifier to sight the mother, the child and their documents, however it was not clear as to how the other sites manage this aspect.

In terms of identification the Christchurch MWB information book indicates that a prison photo ID is one form of identification that is acceptable, (although this is not listed on the IRD website as an option), however this was not the experience of some of the mothers in Auckland, so there does need to be some clarity around this.

The overall result of the difficulties noted above is that there are often significant delays in getting the payments organised, causing stress for the mothers and an issue for the prisons as to how the 'baby shopping' is to be paid for. As one interviewee noted, "at the moment we let the mothers go into debt (to the prison, for baby shopping needs)." While this is "against the regulations," the alternative, if the mother has no money and no support from family, would be that the child may go without necessities (e.g. nappies, food, clothing).

One solution suggested by the mothers would be having someone from IRD come into the prison to assist them in getting their applications processed.

3.2.10 Summary

Overall the findings indicate that there have been some positive developments in the past twelve months. For example: Arohata has had two mothers in the MWB units to date; induction processes are being implemented to some degree; mothers in Christchurch have paid external child care options and are accessing criminogenic programmes; children are going on outings and spending time with whānau and siblings; there is a continued understanding that MWB staff need to be trained and supportive of the policy; the MWB database is now 'live' although only CMs have access.

There are also some areas for further development. For example: alternative caregiver assessments are still a 'work in progress'; the quality and consistency of the induction process appears to be dependent on which staff are rostered on; there has been limited progress in regards to nutrition guidelines; some children are being sent out for lengthy stays in the community which may not be in the best interests of the child; in Auckland the 'social outings' and other opportunities appeared to have lost some momentum; there are issues in Auckland with mothers

⁴³ Source: <http://www.ird.govt.nz/how-to/irdnumbers/#ir595>.

having to repeat the compulsory MWB parenting programme; and the database is still not being fully utilised.

3.3 Evaluation Objective Three

Assess the extent to which the programme logic is working in practice and whether stakeholders are seeing or experiencing evidence of the short and medium term outcomes which were identified in the logic model. Specifically, the extent to which stakeholders perceive that:

- *mothers have increased confidence, knowledge and skills in parenting, and in understanding of their responsibilities as parents;*
- *mothers make good choices for themselves and their children;*
- *mothers have increased knowledge and understanding of their offending behaviour;*
- *mothers consider options and make plans to mitigate risks of reoffending once released;*
- *children have appropriate facilities and resources; and*
- *children have their physical and mental health and well-being needs met.*

The programme logic model⁴⁴ was developed as a requirement of the first two phases of the evaluation. The intention of the model was ‘to provide a way to show how the ‘logic’ of the MWB policy and the various aspects of it, are relevant and link to key outcomes’. The model had key inputs and activities, short, medium and long term outcomes, and key indicators.

The following sections present findings related to the above objective in three parts: (i) mothers as parents; (ii) mothers as offenders; and (iii) meeting children’s needs.

3.3.1 Mothers as Parents

There are some issues, as explained earlier, related to the repetition with one of the MWB parenting programmes. However, findings indicate that, in general, being in the MWB units is, conducive to increasing mothers’ confidence, knowledge and skills in parenting, and in understanding their responsibilities as parents.

Mothers were able to articulate what they had learned about parenting, during their time in the MWB units, including, for example, learning to read their child’s cues, and recognising the importance of ‘being there’ for their child.

I didn’t want [child] at first but that’s changed heaps. I’ve learnt when he cries I know what he wants now.

The biggest thing we’ve learned is to ‘be there’ for our kids. Before we were driven to do things for them but now we can be there for them.

Staff were asked about changes and all could give examples of mothers having increased their knowledge, skills and confidence.

Yes, some [changes in the mothers]. Most. It’s rewarding to see that they’re taking things on board. Like – you might have a mother in here, first time – ‘might say “you could read to baby”, and maybe sit down with the baby [to play with them] – just little things. Always try if they are feeding baby food from supermarket – might show them how to make baby food from fresh. Had a couple [of mums] who were giving their five month old babies Just Juice. Would tell them “you just need to give them water.”

Mothers with other children on the outside, also often recognised that they had ‘improved’ their parenting.

I have brought her up better than the others because it’s just me and her.

⁴⁴ Refer Appendix 6.

Bonding and attachment remain important factors and are integral facets of the MWB policy and logic model.

For me it's the bonding. But I have parented [this child] the same way as the others.

When you're looking for change [in the mothers], it's all about attachment. ... [It's] exciting when you see dramatic change – [one mother] – was a 'real prisoner'; wouldn't talk to anyone. No confidence etc. now she talks to me. [I] put that down to having her baby and having attachment to him and confidence.

There are examples of mothers and children across all phases who appear to be well attached. There are also some who do not appear to be as well attached. Interviewees in this phase noted that this often seemed to be the case with children that were 'brought in' (rather than those born while the mother is serving her sentence).

Knowledge of optimum nutrition for children is an important facet of the logic model. Findings across all phases show that knowledge of healthy nutrition is an important need for the mothers, yet staff have not received nutrition training as was recommended in Phase II.

As discussed in an earlier section and also relevant here, is that one of the recently introduced processes at one prison (i.e. lengthy overnight separations) may be detrimental to development of secure mother child attachment and also have a negative impact on exclusive breastfeeding duration. Both these factors are important foundations of the MWB policy and fundamental to its intent. These findings highlight the need to ensure that staff are well-informed and knowledgeable about the policy intent, and that any new processes or practices are considered in light of the policy to ensure they do not unwittingly undermine what was intended for children housed with their mothers in prison.

3.3.2 Mothers and Offending

Determining conclusively whether the mothers have 'addressed their offending' is outside the scope of this evaluation. However, the evaluation was tasked with gathering comment on the extent to which interviewees are seeing evidence that mothers are 'considering their options and making plans to mitigate risks of reoffending once released'. When asked about their post-release plans, a number of the mothers indicated that they had future plans to limit their opportunities for re-offending. For example:

I want to live an alcohol-free, drug-free, drama-free life. So [when I am released] I want to live [in _____ town], because I can't do that [in my home town].

A number of the mothers, when asked about their plans, spoke about rebuilding familial relationships, particularly with children they had left on the outside.

I want to rebuild my relationship with my [other daughter].

My focus on life has changed. It's going to be about me, my children, my family. I won't be as driven to work, or by finances. I won't sacrifice time with them.

The extent to which mothers from the MWB units are able to address their offending is to some extent contingent on whether they are able to attend criminogenic programmes⁴⁵, and this is frequently reliant on suitable child care options being available. As was discussed in the previous sections, findings show that Christchurch provides a good example of how this challenge can be addressed. Their provision of paid external childcare has had a direct positive result; i.e. mothers completing criminogenic programmes.

The extent to which women who had resided in MWB units have re-offended is unknown, although there was an indication that one woman might have recently returned to prison. The Department

⁴⁵ Note that the Programme Logic Model included the following input/activity "Offending focused Programmes (For Mothers): Mothers are provided with the opportunity to attend programmes to address their offending needs." It was this activity, specifically, that the short and medium term outcomes, "Mothers increase their knowledge and understanding of their offending" and "Mothers consider options and make plans to mitigate their reoffending once they are released", are linked to.

should have the ability to track re-offending of women who have been in MWB units. It is reliant, of course, on knowing who has resided in a MWB, and it is unclear whether this information is readily available, given that the MWB database is yet to be fully operational. As noted in the literature review of this report, there are indications from international research that recidivism rates are lower in mothers who have been in MWB units.

3.3.3 Meeting Children's Needs

The Department put considerable effort and resource into ensuring that the children would be housed in clean, warm and comfortable facilities, with access to appropriate resources. Findings from this phase show that while there are some minor repairs required (e.g., kitchen latches), and that there is a need for more age-appropriate toys, overall, the MWB units provide a warm and secure environment for the children.

Arohata was one prison that had no significant upgrading of its MWB units or the addition of, for example, appropriate fencing for toddlers. The fact that children are now being housed at Arohata may mean that the Department will have to consider some minor improvements to the physical facilities, such as safety gates and fencing⁴⁶.

The prisons have processes in place to facilitate social and mental health development both inside (e.g. sibling and whānau visits), and outside the prison (e.g. day care, outings). There are external providers who provide programmes for the children (e.g. Wriggle and Rhyme) and the mothers (e.g. compulsory MWB programmes, early intervention services such as Family Start and Tamariki Ora), that are aimed at promoting child development and enabling and upskilling mothers in their interactions with their child. To this end the children do have opportunities to develop social skills and meet their milestones.

There are some concerns around processes detrimental to attachment and nutrition that were raised earlier and will not be repeated here, suffice to say those issues are also relevant to the outcomes for children, as detailed in the logic model.

3.3.4 Summary

Overall there are indications that some of the short and medium term outcomes are being met. For example; many of the mothers and children appear to be well-attached and bonded as a result of being in the MWB units and caring for their child full time; the facilities and resources are generally appropriate to meet the child's safety and wellbeing needs; mothers receive advice and programmes to assist them, where needed, to improve their parenting skills and knowledge, and there are examples of increased knowledge and understanding; and some mothers have been able to complete criminogenic programmes in order to address their offending needs. There are still areas for improvement. For example: improving access to childcare options and therefore mother's access to programmes; addressing issues related to the 'repeating' parenting programme in Auckland; providing training for staff and ensuring that any processes introduced in MWB units are in line with the policy intent for attachment and nutrition.

3.4 Evaluation Objective Four

Outline new and future developments of the initiative, particularly the future roles and functions of the multi-agency approach.

The main focus of this objective was to clarify future plans particularly regarding the multi-agency approach. The following briefly outlines what has occurred and what is planned.

⁴⁶ Although Arohata currently can only house children up to nine months they may apply for an extension to this for the current mother. In addition, although most children do not walk before nine months, some do, and most do start crawling before then so the prison will have 'mobile' children in the MWB units and need to ensure this is catered for.

3.4.1 Multi-Agency Approach

In the previous phases, the multi-agency approach (also known as the multi-disciplinary team approach or MDT) was just being established. The intention of the multi-disciplinary team was that it would be a group made up of representatives from a range of relevant agencies for the purpose of sharing knowledge, provide differing perspectives from their respective viewpoint, and ensuring that appropriate services are in place to support the mothers and babies. The development of a multi-disciplinary approach has occurred both at a local level at individual sites, and more recently as part of a formalised nationally consistent approach.

Local Multi-disciplinary Approaches

To date, multi-disciplinary meetings have occurred to some extent, across the prisons. At Auckland these occur on a monthly basis, and other issues (other than applications) are also discussed at these meetings; for example, whether to remove a child or to consider appeals of decisions. Christchurch do not have a 'team' as such that includes outside agencies, although they do have meetings as required, of key management Corrections staff. They also have staff involved with the application process who can access individuals across agencies on an 'as needed' basis, and have a service provider who delivers support to mothers on a one to one basis whilst in prison and also has the capacity for delivering a 'through-service' to the mothers and babies, post-release. Arohata does not have a team. However, they do have links and relationships with external providers and now that they have had mothers in the MWB units, there are indications that they will develop these relationships further.

National Multi-disciplinary Approach Development

At a national level, it is understood that someone is overseeing the development of a nationally consistent multi-agency approach. Representatives from the Ministry of Health, Police, the Children's Commissioner, CYF and Plunket have met twice with Corrections through 2013 to commence further development in this area. The intention is threefold. Firstly to strengthen processes around admission, monitoring and transition support in this area at a national level, in order to ensure the development of a strong nationally consistent approach. Secondly, to meet with key representatives of organisations in order to build relationships to create a co-ordinated approach to working with and across such organisations regarding MWB units initially, but also potentially other future initiatives. Thirdly to identify possible models (e.g. Strengthening Families approach) that may also be relevant when regarding the reintegration of mothers with babies back into the community.

The current application process has, and still does, rely on CMs being well-networked and having strong relationships with external agencies in order to access key information and have 'full and frank' discussions. By formalising these relationships, it is anticipated that information can be shared from an 'organisation-to-organisation' approach rather than being reliant on individual relationships. The roles of each organisation will be clarified and the types of information that can be expected to be received, in regards to mothers with children, will be consistent.

At present, the intentions outlined above are still a 'series of conversations within a national steering group framework' that are occurring at national office level and the approach is yet to be finalised.

3.4.2 Summary

Overall, what is clear, based on the evidence at both local and national level, is that the multi-disciplinary approach is still considered important regarding the MWB application process, and that there are a range of intended developments in this area.

3.5 Chapter Summary

The following is a summary of the identified issues, new developments and processes, and the planned future developments that have been presented in this chapter. Site-specific issues and developments are listed first, followed by overall issues and/or processes.

Auckland

- CM office now based at the Self Care unit resulting in more regular and immediate access by mothers and MWB unit staff;
- Multiple staff changes, particularly at management level (new Prison Manager, CM for MWB, PCO, and many MWB unit staff);
- At least one programme delivered in the common room at the Self Care unit in order that mothers can attend the programme with their children;
- A 14 week Incredible Years parenting programme (as opposed to previous 40 week programme) delivered by a new provider. Feedback that mothers must attend this programme for as long as they are housed at the MWB units meaning that some mothers have repeated the programme at least two or three times;
- Grocery shopping by mothers in units, attendance at an outside play group and regular outings were discontinued over the past twelve months although these are all intended to be re-established in the near future;
- Interview information that children are going out one week a month, regardless of age;
- Some examples of training areas for staff (e.g. shaken baby syndrome);
- Mothers are less likely to be involved with programmes at Auckland due to issues with childcare. Related to this, there appears to be an emphasis for mothers to use alternative caregivers at Auckland first, before other options, when it comes to childcare.

Arohata

- Two mothers have resided at the MWB unit in the last twelve months, with one there currently and there are plans to either apply for an extension or arrange a transfer when her child reaches nine months of age;
- Changes to the roster at the Self Care unit in order to increase staff coverage of the MWB unit;
- An intention to have individual plans for each mother and child in recognition that there is no 'one size fits all approach'.

Christchurch

- Development of an updated Prisoner Information Booklet;
- One mother, with two children of differing ages, has been approved for the MWB units;
- Payment by the prison for external day care in order that mothers can attend programmes;
- Mothers are enrolling in and completing programmes, including criminogenic programmes;
- More structure around outings due to increased numbers of mothers with children;
- Newly-established age criteria for outings (children must be five months or older);
- Creation of a team leader role to oversee MWB unit and functions;
- Regular meetings between mothers and staff;
- Future development – currently negotiating with unions to have designated staff at the MWB unit.

Overall

- There is a new form for alternative caregivers to sign when they take the child off site and only the alternative caregiver or approved visitor is allowed to take the child off site;
- At least one mother has been approved to reside at the MWB units with two children of differing ages, something that the age extension will now make possible, whereas previously this would not have been the case;
- A lack of overt national co-ordination of the MWB units or the MWB policy, since the departure of key Corrections staff members;
- CMs are eliciting further information in regards to alternative caregivers during the referral and entry process, meeting the alternative caregivers when they are able and also finding out more information about who else will be living at the alternative caregiver's house, however the extent to which this occurs is dependent on the individual CM;
- A database has been established, however the nature and extent to which information is inputted, overall knowledge of the database and the way in which database information is used, appears to be minimal;
- Three mothers were enrolled into MWB and subsequently exited from the unit (along with their children) due to behavioural issues (of the mothers). Two of these mothers were subsequently re-enrolled into the MWB units, although one was exited a second time due to failing to improve her behaviour;
- The appeals process and form require updating;
- Future development – alternative caregiver assessments to include a more robust process, include further information regarding an understanding of the alternative caregiver roles and responsibilities, checks on everybody that resides in the house and identifying types of suitable organisations that could undertake home checks.

4.0 Conclusions

The purpose of the Phase III evaluation was to assess improvements under way in light of the previous findings, to document planned future developments, and to provide a brief update on international literature and best practice.

The brief literature review highlighted that whilst there is not a large amount of research on mother with baby programmes in prisons, there is a consistency across findings. There is evidence, for example, that mother with baby units support development of secure attachment in the child and increased parenting skills and maternal sensitivity in the mothers. There is a need to ensure that the facilities are appropriate and support the child to develop, and the mother to parent effectively. There is evidence to support 'through' services that continue support post-release, and as well there is a growing body of evidence that mother with baby units can help reduce re-offending.

The Phase III evaluation findings indicate that there has been some progress, over the past twelve months, towards the Phase II recommendations and as well some areas that are still 'in progress.'

Admissions and entry processes have not undergone any significant changes, with no alterations to the various forms, which is still a source of some frustration for staff. However, it is positive to note that Arohata had a mother and child in the MWB unit last year and recently approved another mother into the unit. The child of the current mother is likely to reach the nine month age threshold prior to the mother being eligible for release, and the prison has already thought ahead with how this can be managed⁴⁷. These findings indicate that there has been some clarity around what is being promoted at Arohata, as was recommended in Phase II.

Alternative caregiver assessments remain an important issue. However, developments in this area, are very much 'in progress.' Individual CMs have initiated some positive changes, such as asking more in-depth questions and getting checks done on all people living with the caregiver. However, this is reliant on the individual CM to have the initiative to do, and is not part of any formalised process or requirement. There has been a change to only allowing alternative caregivers or an approved visitor pick up a child to take them off site, and together with this they must sign a form to say they are responsible for the child while off site.

A multi-disciplinary or multi-agency approach is still considered important regarding the MWB application process, and there are a range of intended future developments in this area. At a national level, someone has been overseeing the development of a multi-agency approach since the beginning of 2013. A least two meetings between Corrections and other organisations (e.g. Health, Police, CYF, Children's Commissioner, Plunket) have occurred and preliminary discussions have taken place. The multi-agency work is also investigating models that will include a plan 'with eyes firmly on the family' regarding the reintegration of mothers with children back into the community. This work is very much still 'in progress' at the time of writing this report and nothing has been confirmed.

An induction for mothers into the MWB units was a recommendation of Phase II and there has been some progress in this area. Christchurch has an updated prisoner information booklet for example, and some mothers had received an induction from staff. The main area for further development seems to be in relation to consistency; that is that the quality of the induction and/or whether it occurred was dependent on which staff were rostered on.

Having staff who 'want to be there' (i.e. dedicated MWB Unit staff) was a key theme in the previous phases and also emerged as a theme in this phase. This is not only because mothers need supportive staff but is also a recognition that managing offenders in MWB units has some unique challenges. The opening up of the classifications has caused a situation where women who would otherwise not be eligible for the Self-Care units, are now residing there in the MWB units, and this

⁴⁷ Arohata will either apply for an exemption to allow the mother and child to stay there and/or she will be transferred to another prison's MWB unit for the remainder of her sentence.

can be a source of tension for staff. A need to clarify guidelines and support staff in their custodial role emerged as a theme in this phase.

Utilising staff who have completed the 'mother with baby' training is a key enabler to gain staff support for the policy, although it is not a guarantee that those staff will be best to work with the mothers. At least one prison had shifted staff who had done the mother with baby' training from the MWB units as they were 'not helpful' to the mothers. Although ongoing training and ensuring new staff received the 'mother with baby' training was a recommendation of Phase II, no further iterations of this training have occurred in the past twelve months.

The importance of employing male staff was a recommendation of Phase II, and both Christchurch and Auckland have male staff rostered for the Self-Care/MWB units. The findings continue to support the importance of ensuring that the children have opportunities to regularly interact with male staff.

In other innovations, Christchurch has initiated a team leader role for the MWB unit to improve consistency and co-ordination, and would also like to have designated staff for MWB units. However, they are still waiting on the unions to support the latter option.

Access to programmes and the related issue of childcare options was a theme of the previous phases. Christchurch has made the most progress in this area, and are the only prison that are paying for external day care to support their mothers to complete programmes. As a result all the mothers onsite in Christchurch are enrolled in, and/or have been completing programmes including criminogenic ones. Alternatively, Auckland appears to have less options with more of an emphasis on the use of alternative caregivers than the other two sites, no provision for external day care, and as a result mothers in Auckland were less likely to be enrolled in programmes. Arohata appears to be open to a range of options depending on the mother, child and types of programmes that need to be completed, and is already considering ways that the current mother could, if relevant, complete the DTU programme for example.

The issue of childcare subsidies was raised in previous phases. In particular, how mothers could apply for this. When asked, interviewees were unable to provide any further information on this subject, suggesting that this issue has not been pursued since the last phase. On a related note the prisons and mothers expressed frustration with trying to access the IRD family assistance, which is a primary source of funds for most mothers to pay for their children's necessities.

There were mixed findings about the compulsory MWB programmes. The way in which Christchurch are delivering the MWB programme appears to be appropriate, appreciated and meeting the needs of the mothers and babies. As a result interviewees were very positive about it, particularly the individualised approach, which has an additional benefit of the mothers being more likely to engage with this service. The Auckland programme is a 14 week group programme, Incredible Years, and mothers are having to repeat the programme, with some having already graduated twice. This is a cause for frustration and as well, any benefits that may be gained from completing the programme may be overshadowed by this 'forced repeat attendance'.

The general health and wellbeing needs of the children overall, are being met. The facilities and resources are generally appropriate, although there were some suggestions for more age appropriate resources. Staff continue to advise the mothers on nutrition when they perceive a need, although there does not appear to have been any further training for staff in this area. Children are going on outings for the purpose of socialisation and most have some contact with whānau and siblings. Auckland appears to have moved to a situation of children staying with whānau for lengthy periods (e.g. one week a month). Whilst bonding and contact with whānau and alternative caregivers is positive, this did raise some questions about whether this approach was supportive of the intentions of the extended policy, specifically related to attachment and breastfeeding, and as well has possible implications for the mothers' reintegration.

The MWB database has been rolled out, within the past few months, although at this stage is only accessible to MWB CMs. The findings indicate that the database was not well known either in

regards to what the database collected, who the information went to and what the information was used for. In terms of other notes, handwritten file notes continue to be kept in Christchurch, primarily for handover purposes. Whilst there is an intention to not have notes on the children in IOMs, some interviewees noted that children's names are still in IOMs.

There are some indications that some of the short and medium term outcomes from the programme logic model that was developed as a requirement of Phase II, are being met. For example, many of the mothers and children appear to be well-attached and bonded as a result of being in the MWB units and caring for their child full time and the facilities and resources are generally appropriate to meet the child's safety and wellbeing needs. Mothers are receiving advice and programmes to assist them, where needed, to improve their parenting skills and knowledge, and there are examples of increased knowledge and understanding. A number of mothers have been able to complete criminogenic programmes in order to address their offending needs. There are still areas for improvement, such as improving access to childcare options and therefore mother's access to programmes, and addressing issues related to the 'repeating' parenting programme in Auckland; providing training for staff and ensuring that any processes introduced in MWB units are in line with the policy intent for attachment and nutrition.

The overall conclusions from Phase III are that the MWB units have continued to develop. There are some positive advances that have been made, and it is heartening to see for example that mothers and children are on site in Arohata. There is still an underlying 'best interests of the child' approach to decision-making and while there are identified areas that still require development some of these are in progress. International literature supports mother and baby units as being in the best interests of the child and contributing to reducing re-offending, and while there are still areas that could be further strengthened, the identified 'best practice' aspects are generally present in the New Zealand MWB units.

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Appendices

1. Executive Summary: Phases One and Two Evaluation Report
2. Information sheet
3. Consent forms
4. Interview questions
5. Database Outline
6. Programme Logic Model

Appendix 1: Key Findings and Recommendations from Phase I and II Evaluation

The following section provides the findings from Phases I and II of the formative evaluation of the Mothers with Babies Units, undertaken by Andrea Elliott-Hohepa and Ruth Hungerford for the Department of Corrections, between November 2011 and March 2012.

Formative Evaluation

The overall aim of the Phase I and II formative evaluation of the extended Mothers with Babies (MWB) policy was: to investigate key components regarding the implementation of the extended policy, in order to inform the Department about the operation of the policy, the extent to which the policy is meeting its objectives, and to signal any strengths regarding current systems, processes and/or protocols, and any possible changes required.

The evaluation objectives were to: (i) Evaluate whether the policy, and its associated systems, processes and/or protocols, is operating as intended; (ii) Evaluate whether the operation of the policy is consistent with safe, humane and secure prison management of the mothers; (iii) Evaluate whether the policy is maintaining the safety and wellbeing of the children housed in prison; (iv) Evaluate whether data being collected for monitoring and evaluation purposes is being collected in a consistent, valid and reliable manner and adequately meets the reporting needs of the Department; and, (v) Develop an explicit programme logic to promote clarity around the purpose and expectations of the policy.

The evaluation methodology included: a review of relevant policy documents; interviews with prison staff and mothers; interviews with National Office staff; and observations of the mothers and children, and the processes and systems within each of the units. The evaluation was conducted in two phases. Phase I occurred in November 2011 and consisted of site visits to the three women's prisons and National Office, to undertake interviews and observations, and reporting back to the Department in December 2011/January 2012 about any areas for immediate attention. Phase II occurred in March 2012, and consisted of further site visits to each facility and National Office to undertake interviews and observations. A total of 73⁴⁸ people were interviewed with many being interviewed twice (i.e. in both phases). The results from both phases are included in this, the final report of the evaluation.

Key Findings

The evaluation findings highlighted that the MWB policy extension has been implemented and that, overall, there is a shared understanding across MWB unit staff and mothers about the rationale and reasons for the policy. The staff training held at each prison site prior to the units becoming operational, was a significant contributing factor in staff understanding and acceptance of the policy.

Having informed staff across the sentence management continuum was identified as important as mothers are typically informed about the MWB units at multiple points across the continuum. However it was also identified that whilst there is a process (the maternity list) to identify and refer pregnant women to case management to discuss options, including the MWB units, there is no similar process for referring mothers with children under 24 months. Whether or not eligible mothers are informed of the MWB unit is therefore dependent to some extent on staff, their perceptions of the units and their knowledge about the extended policy.

During the evaluation period, two prisons had mothers and children in their MWB units, with one of those being at close to full capacity. One prison (Arohata) did not have any mothers and children and had had no children on site for a number of years⁴⁹. The evaluation identified a range of

⁴⁸ Mothers (n=11), Corrections Staff (n=43), National Office Staff, (n= 14) and External Service Providers (n= 5).

⁴⁹ Arohata has some unique operational aspects that other sites do not have to consider, such as an external Self Care unit and only housing children up to nine months of age. Therefore, there are some recommendations that relate only to Arohata prison and their unique set of circumstances.

'encouragers' or 'enhancers' that when combined, positively support the referral and entry process, and it would be recommended that the Department consider how these are present at the various sites and/or ensure that they continue to be present over time.

The encouragers include having: (i) information available across the sentence management process, including pre-sentence; (ii) different methods for communicating information about MWB (e.g. face to face, paper-based and online); (iii) visible management support; (iv) case managers with social work qualifications being part of the entry/referral process; (v) case by case deliberation of applications with clear consideration of all issues regarding the best interests of the child, a clear process for documenting decisions, and a time frame for informing mothers of acceptance or decline; and (vi) a deliberate culture, attitude and communication of MWB information, that is strengths-based (as opposed to risk management based).

In terms of the safe and humane management of the mothers, the MWB units are viewed as supportive environments for the mothers and their parenting, although the flipside is some concern as to how to ensure the mothers continue to be supported on release. For the mothers, being observed ('fishbowl parenting') and being given advice by other mothers (staff and other women prisoners) is a characteristic of the MWB units, and this at times can be difficult and stressful. Mothers would have appreciated an induction to MWB units to provide clarity around the rules and guidelines within the unit.

There are programmes for the mothers in the MWB units that provide information and training about parenting and these differ across the sites, with one having a group programme, one a one on one 'through' programme, and one site having no programme. The programmes have recently been re-tendered and one site has a new provider who will start in July 2012. The other site has the same provider but the content of the programme they will provide from July onwards is unknown to the evaluation.

The extent to which mothers were able to continue with other programmes to upskill and/or address their offending needs is one that requires further input from the Department. Currently, mothers are attending programmes when they can, with the main barrier being the arranging of childcare. A range of childcare options are being utilised (e.g. other mothers, Self Care prisoners or staff as babysitters), but there are some issues with these at times. Recent investigation into outside options (e.g. early childhood centres) has revealed that children of mothers in prison are not eligible for the childcare subsidy, putting external childcare outside the reach of most of the mothers.

In terms of the safety and wellbeing needs of the children, the general facilities and provisions meet the children's needs although there are suggestions for some minor changes (e.g. storage, age appropriate equipment). Outings for the children (e.g. swimming lessons) have started in both ARWCF and Christchurch and the evaluation highlighted some areas to consider including the role of staff and being clear about the purpose of the outings when deciding where to go and how frequently, for example. The role of new staff and male staff, the necessity for appropriate processes and checks to occur regarding alternative caregivers, clearly identifying who is responsible for the child and what and how will this be operationalised regarding the Department of Corrections, were other identified areas.

Most children are being breastfed and mothers report that they are breastfeeding longer than they would have on the outside and that they have found the MWB unit conducive to bonding with baby. The general understanding of breastfeeding and child nutrition was low amongst many, but not all, of the mothers. Custodial staff advise mothers on nutrition and as well, general parenting practices. This advice was often met with mixed reactions from mothers. The findings highlighted a need for the Department to consider how the child's nutritional rights are met, what role the staff play and training they require, what the expectations should be of the mothers, and what other services may be able to provide support and information around these matters.

In terms of the types of data being collected for monitoring and evaluation purposes the Department already has some comprehensive information regarding the types of data that is currently collected and where it is stored. The current evaluation identified that there are some

questions that need to be addressed, particularly in regards to the collection and collation of notes about the children. As well it would be advised that the Department undertake some formative evaluation of the database that is being 'built' to capture some of the relevant mother and child data, once it goes operational.

Finally, a programme logic model was developed for the MWB extended policy, and it is hoped that this model will be useful in assisting understanding of the policy and as well, provide some direction for ongoing monitoring and development.

Recommendations

In terms of potential future areas for development, the evaluation findings have identified the following areas for development. It is recommended that the Department of Corrections:

1. Consider the 'encouragers to application and referral' that have been identified, how these are present within the various sites, and how they can be maintained or enhanced now, and in the future.
2. Ensure that new staff to MWB units (and prison sites generally) receive training or information that enables them to understand the policy extension and rationale in the way the current staff have.
3. Ensure that Corrections staff across the sentence management continuum (e.g. case managers, remand staff, medical staff, corrections officers) are aware of, and informed about, the MWB unit and entry processes, and that this information is conveyed to mothers wherever possible.
4. Provide clarity regarding what is being promoted at Arohata, including eligibility criteria, and ensure that all staff across the site are clear about the MWB units at Arohata to ensure that women with children are not disadvantaged if they are housed at this prison site.
5. Consider the differing operational aspects at Arohata prison and the ways that they can be appropriately managed so that women housed at Arohata still have access to a MWB unit, even if this means introducing a transfer process to the other two prison sites.
6. Ensure that processes are in place to assist staff working in MWB units to understand and support the extended policy, so that the units continue to be supportive environments for the mothers and their parenting.
7. Ensure that male staff are employed at MWB units.
8. Implement an induction process for new mothers and new staff in the MWB units in order to clarify guidelines and expectations and ensure consistency of information at the MWB units.
9. Include nutrition expectations within the Parenting Agreement and induction for mothers.
10. Include infant nutrition information in staff training.
11. Investigate developing links with other infant nutrition specialists and organisations to support mothers and staff.
12. Consider the reintegration needs of mothers on release, and what can be put in place both on the inside to assist them to manage (e.g. 'through' services, sibling visits), and as part of the release process (e.g. informing CPS).
13. Consider the impact on mothers of being observed (i.e. 'fishbowl parenting') and how this can be understood and managed by staff.

14. Ensure that any compulsory programmes for mothers with children are commensurate with and supportive of the intentions and rationale of the MWB extended policy.
15. Implement processes and policies related to programme attendance to ensure that mothers can be supported to attend programmes, and are not disadvantaged by having a child.
16. Investigate the issue of childcare subsidies for children housed with their mothers in prison.
17. Consider the suggestions for resources and programmes made by interviewees and the extent to which these can be provided in the MWB units.
18. Investigate the progress of outings including the purpose of outings and the safety issues regarding outings.
19. Investigate the issue of processes and appropriate checks of alternative caregivers.
20. Clarify issues around responsibility for the child including who is responsible and how monitoring will occur.
21. Determine what the kind of information can be recorded by staff about mothers and children, including obtaining legal advice around what can be collected and recorded about children, and ensure that staff and mothers are informed about this.
22. Ensure that the database, once operational, is evaluated to determine whether the data being collected is useable for monitoring and evaluation purposes, and make alterations as needed.

Appendix 2: Information Sheet

Evaluation of the Mothers With Babies Policy

INFORMATION SHEET

Kia Ora

Our names are Ruth Hungerford and Andrea Elliott-Hohepa.

We have been asked by the Department of Corrections to evaluate the Mothers with Babies Units in Auckland Regional Women's Corrections Facility (ARWCF) Christchurch Women's Prison and Arohata Prison.

As part of the evaluation we visited the three prisons in November 2011 and again in March 2012, and interviewed staff and mothers at the sites. This is phase 3 of the evaluation and is a follow up on progress a full year after our last visit was undertaken.

As a key person involved with Mothers with Babies Units we would like to interview you as part of the evaluation. We would like to know what you think.

Your thoughts and experiences will really help us to understand how the policy is working so far.

The interview will take about 30-45 minutes. You do not have to take part in this evaluation unless you want to. Your name will not be used in the final report and what you say will remain confidential.

The findings from our visits will be published in a report for the Department of Corrections. A summary of the report findings will be provided to you if you wish.

Regards,

Andrea Elliott-Hohepa and Ruth Hungerford

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Appendix 3: Consent Form

Evaluation of the Mothers With Babies Policy

CONSENT FORM

I understand and agree that:

- I have been given an Information Sheet and had an opportunity to ask questions and have them answered.
- Taking part in this interview is voluntary (my choice). This means I have not been pressured by any person to participate in the evaluation.
- I have the right to not answer a question; or to stop answering questions at any stage of the interview without having to explain why.
- I can withdraw any information I provide in response to the interview. If I do withdraw, I will tell the evaluation team within one week of the interview.
- What I say will be kept confidential by the evaluators and will only be used for evaluation purposes. My name will not be used in any evaluation reports.
- I understand that the evaluators will spend some time in our unit, during which time they will be able to see staff, mothers and children doing their everyday activities, in order to understand how the Mothers with Babies units work.
- I agree to some of my comments or statements being quoted in the report, as long as I am not identified. **YES / NO**
- I would like to receive a summary of the key findings from this study. **YES / NO**

Address for summary to be sent to:

I, _____ understand and agree to the above information and I consent to be interviewed for this evaluation.

Signed: _____ (Participant) Date: ____/____/____

Signed: _____ (Evaluator) Date: ____/____/____

Appendix 4: Interview Questions

Questions for Mothers

Section A: Referral and Entry

Our first questions are about the process of getting into the MWB units.

1. Talk to me about being in the MWB units? (*Prompts: How long have you been here? How old was your baby when you came? How old is s/he now?*)
2. Can you tell me about the process for you and your child/ren to get into the Mothers with Babies (MWB) unit
 - a. *How did you find out about the MWB units?*
 - b. *When did you find out about the MWB units?*
 - c. *What forms/processes did you have to fill in?*
 - d. *How long does the process take?*
 - e. *What happened next?*
3. What did you think of this referral/entry process?
 - a. *Is the process easy to follow?*
 - b. *Are the forms easy to understand and fill out?*
4. When you came to the units did you have any kind of instruction to let you know about how things work in units? Y/N
 - a. *If yes, what did this involve?*
 - b. *What else could it include?*
 - c. *If no, how did you find out how things work here and what the 'rules' are?*
5. In your opinion, are there any changes that you can suggest, to improve the referral/entry process? (*i.e. Are there any changes that could be made to make things easier to get into the units? What are they?*)

Section B: Mothers With Babies Units

6. Talk to me about being in the MWB units.
 - a. *Why did you want to be in the MWB unit?*
 - b. *What do you hope your baby will gain from being in the unit?*
 - c. *What do you think are the benefits of being here for you?*
7. Talk to me about how being here is meeting the needs of your child.
 - a. *Are the facilities appropriate for your child?*
 - b. *Do you feel that all his/her needs are being met here?*
 - c. *What about your child's nutritional needs – are these being met?*
 - d. *Do you receive any guidance, support or information about nutrition? From who/where?*
 - e. *What else could be provided for baby/child? For you?*
 - f. *What do you think are the benefits of being here for your child?*
 - g. *Do you think there are any disadvantages for your child in being here?*
8. Do you and [your child] go on any outings outside the prison?
 - a. *If yes, talk to me about the process for going on the outings? How does it work?*
 - b. *What kinds of places do you go to? Who decides on what you can do?*
 - c. *What are the reasons for these outings?*
9. Are you able to access child care or crèche for your child?
 - a. *If no, is this something that you are interested in? And if yes, are there any barriers to you being able to do this? [note: child care subsidy]*
10. What sort of support do you get for your parenting here in the MWB units?
 - d. *From who or what? (unit staff, other mothers, programme providers, case managers, health)*
11. Overall, why do you think that MWB units like this one, were established? *Please explain. What is your theory about what they are supposed to do? How do you think they are supposed to work, if everything goes well? How has it worked for you so far?*

Section C: Programmes

12. What types of training or programmes are you doing while you are in the MWB unit? *Why? Are there any types of training or programmes that are not available, but you would like to do, before you leave the MWB units? What? Why?*
13. Talk to me about the parenting programme that you do as part of being in the unit.
 - a. *What do you think of it?*
 - b. *What have you gained from the programme?*
 - c. *Any improvements you can suggest for this programme?*
14. Have you noticed any changes in yourself as a parent since you came into the MWB unit? (Prompts *How would you have described yourself as a parent, before you came in here? How would you describe yourself now? Have there been any changes in what you do or the way you think? Examples? What caused the change?*)
15. Have you noticed any changes in your relationship with your child since you came into the MWB unit? (prompts: *attitudes, beliefs or behaviour; self-reporting by mother in regarding to relationship with her child/ren*)
16. What are your hopes for yourself, and your child when you leave here? (prompts *do you have plans for how you would like things to be?*)

Section D: Department Of Corrections' Processes

17. Are you aware of any types any types of specific training or criteria that staff must complete before they can work at the MWB Units? If yes, what?
18. In your opinion, are there any types of training that staff *should* complete before working at the MWB units?
19. On a day to day basis, who keeps track of where you are, and where your baby is?
20. Are you aware of any types of specific information that is collected about you and your babies while you are in the MWB unit?
21. Are there any things that happen differently in terms of the day to day processes in the MWB unit, compared to what happens in the general mainstream units? If yes, what?

Section E: Transition Processes

22. Talk to me about what will happen when you and your baby are getting ready to leave prison.
 - a. *What types of support will be in place for you and your child/ren to transition out?*
 - b. *If your child will be leaving before you, what kind of process will occur?*
23. In your opinion, are there any changes/future areas of development that you can suggest, to improve what happens when you and your baby leave prison?

Section F: Other Information

24. In your opinion, what are all the positive things about having MWB units like this?
25. In your opinion, are there any changes/future areas of development that you can suggest, to improve the MWB units?
26. Have there been any surprises that have happened along the way that you may not have expected? If yes what? (Prompts: *have you gained any benefits from being in the MWB unit that you hadn't anticipated? Have there been any negative things that have happened from being in the MWB unit that you hadn't anticipated?*).
27. Are there any other comments you would like to make?

Questions for Staff

1. What is your role with (in relation to) the Mother with Babies' Unit?
2. Overall, in the last 12 months, have there been any changes regarding the MWB Unit that you are aware of?

Section A: Referral and Entry Information

These next questions are about some of the processes that occur as part of the MWB policy, starting with referral/ entry processes.

3. Talk to me about the process for mothers entering the Mothers with Babies (MWB) unit
 - a. *How do the mothers hear about the MWB units?*
 - b. *When do they find out about the MWB units / at what stage of the process (e.g. reception? health)*
 - c. *What forms/processes did you have to fill in?*
 - d. *How long does the process typically take?*
 - e. *Is there an MDT meeting? What is this about? How does it work?*
 - f. *What happens next?*
 - g. *Have there been any changes to the process in the past 12 months?*
 - h. *Are any further changes planned for the future? And if so, what and why?*
4. What do you think of this referral/entry process?
 - c. *Is the process easy to follow?*
 - d. *Are the forms easy to understand and fill out?*
5. In your opinion, are there any changes that you can suggest, to improve the referral/entry process?
6. Once a mother is accepted into the units, do you have any kind of induction process for new mothers into the unit to let them know about how things work in units? Y/N
 - a. *If yes, what does this involve?*
 - b. *What else could it include?*
 - c. *If no, how do the mothers find out how things work here and what the 'rules' are?*

Section B: Mothers With Babies Units

7. What do you hope the mothers will gain from being in the unit?
 - a. *Have you noticed any changes for the mothers as a result of being in the units? (e.g. increased knowledge / confidence as a parent; insights into their offending)*
8. How well do you think the MWB units cater for the needs of the mother?
9. What do you hope the children will gain from being in the unit?
 - d. *How well do you feel that the children's needs are being met here?*
 - e. *How safe are the children?*
 - f. *How appropriate are the facilities for the children?*
 - g. *In your view, how appropriate is the children's nutrition?*
 - h. *What else could be provided for baby/child?*
10. To what extent do children have access to services or activities that address their needs? Do the children go on any outings outside the prison?
 - a. *If yes, talk to me about the process for going on the outings? How does it work?*
 - b. *What kinds of places do they go to? Who decides on what you can do?*
 - c. *What are the reasons for these outings?*
11. What forms of alternative child care are the mothers able to access within the prison/outside the prison? In your view, how well are the children cared for under these arrangements?
12. Are they now eligible for the child care subsidy? Y/N/DK?
 - a. *If no, why not?*

Section C: Programmes

13. Talk to me about the compulsory parenting programme that the mothers do as part of being in the unit.
 - a. *Do the mothers talk about anything they are learning? (examples) To what extent do you see them putting the learning into practice?*
 - b. *What do you think the programme should cover?*
14. Are there any types of training that, you consider that mothers *should* have? What? Why?
15. To what extent are mothers able to access programmes that address their offending?; who looks after their child while they go to programmes?

Section D: Transition Processes

16. Talk to me about what will happen when a mother and child are getting ready to leave prison. How appropriate are the plans that the mothers have in place for leaving prison?
 - a. *What types of support is in place for the mother and child/ren to transition out?*
17. If the child will be leaving before the mother, what kind of process will occur?
 - a. *Have there been any situations where the child has been placed with alternative caregivers, while the mother has remained here?*
 - b. *If yes, how has that been managed? How were decisions made?*
18. In your opinion, are there any changes/future areas of development that you can suggest, to improve what happens when mother and child leave prison?

Section E: Staff Training And Unit Processes

19. What skills, experience and/or training did you bring to your work in the MWB Unit?
20. Did you receive any training to work at the MWB Units? If yes, what? [MWB unit staff only]
 - a. *Have you have any refresher training in the past 12 months? If so, what?*
21. In your opinion, are there any types of training that staff *should* complete before working at the MWB units?
22. What types of specific information are collected about the mothers and babies while they are in the MWB unit?
 - a. *How is this collected/recorded?*
 - b. *Why is this collected/recorded? What is the purpose?*
 - c. *Are mothers able to access information recorded about them and their child?*
23. 'Are you aware of the new database that was going to be set up for the MWB Units?
 - a. *If yes, can you tell us about it please?*
 - a. *Where is this at?*
 - b. *How is this working?*
 - c. *What kinds of information is being collected?*
 - d. *What is it intended for?*
 - e. *How will it benefit the MWB units, the prison, the Department?*
 - f. *Is information being recorded?*
 - g. *Are there any areas for improvement to the database, that you could suggest/*

Section F: Other Information

24. In your opinion, what do you think are the key strengths or areas for development of the MWB units?
 - a. *Remembering that this interview is entirely confidential, is there anything else that you would like me to relay back to National Office that you think would help to improve the units or the policy in any way?*
25. Do you have any other comments?

Questions for National Office Staff

1. What is your role in relation to the Mothers with Babies' Units?
2. The previous evaluation report made a number of recommendations for the operation of the MWB policy. To what extent have these recommendations been implemented? [explore recommendations as relevant to each staff, with reference to recommendations list]
3. Have there been any other changes to the MWB units, policies and processes over the past 12 months? (what, why, examples)
4. Are there any new policies or developments in your Group or Service that are currently being worked on?
5. What (if any) lessons have been learned about the MWB units or the policy that sits behind them, that might be useful for the future?
6. Are there any unexpected benefits (or consequences) that have popped up since the new policy has been in place? If yes what?
7. What do you think are the key strengths of the MWB units? Key successes to date?
8. Are there other areas for improvement that need to be implemented?
9. Do you have any further comments?

Questions for Service Providers

1. What is your role (in relation to) the Mother with Babies unit (MWB)?
2. Talk to me about the service you provide for the mothers. [ARWCF – new provider in past 12 months]
 - a. *how long has the service been associated with MWB?*
 - b. *what services do you provide for the mothers and children?*
 - c. *How many staff provide the service?*
 - d. *how is service is evaluated for effectiveness ?*
 - e. *Does your service continue once they leave prison?*
 - f. *If yes, how?*
 - g. *If not, do you link mothers with other services to support them when they leave? (examples, how does this work)*
3. Talk to me about the service you provide for the mothers.
 - a. *Have there been any changes, in the last 12 months to the service you provide to the mothers?*
 - b. *If yes, what has changed and why?*
 - c. *If no, how have things been going in the past 12 months?*
 - d. *What kind of services are you providing for the mothers and children?*
 - e. *How many staff provide the service?*
 - f. *How is service is evaluated for effectiveness ?*
 - g. *How is the 'through' service working, once they leave prison?*
4. What do you consider to be the key issues for mothers in prison?
 - a. *What do they need in order to be successful mothers once they are released?*
5. How does *your service* cater for the needs of the mother? How? Why? Why not? What else could be provided? (Please provide some examples).
6. What do you consider to be the key issues for children in prison?

7. How does *your service* cater for the needs of the child/children? How? Why? Why not? What else could be provided? (Please provide some examples).
8. In order to work effectively with Mothers and Babies – what kind of skills, qualifications and/or experience do you think Service Providers need to adequately meet their needs?
9. Are there any types of programmes or services that you consider the mothers/children should have that are not currently being offered at present? What? Why?
10. What (if any) changes have you noticed in the mothers? (*Prompts; changes in mother's attitudes, beliefs or behaviour to child, increased confidence/ knowledge of parenting; increased responsibility as parents; understanding of their offending?*). [note links to programme/ MWB]
11. In your opinion, how do the MWB cater for the needs of the mother? How? Why? Why not? What else could be provided? (Please provide some examples).
12. In your opinion, how do the MWB cater for the needs of the child/ren? How? Why? Why not? What else could be provided? (Please provide some examples).
13. Have you noticed any improvements in the MWB unit over the past 12 months? If so, what improvements have you noticed?
14. Are there any suggestions for improvement to any of the MWB units and/or processes?
15. Are there any other comments you would like to make?

Appendix 5: Mothers With Babies' Database Outline

Applications / Referrals

Reporting Data Range From (DD-MON-YYYY)  To (DD-MON-YYYY)  Refresh Reports 

Application Operational Reports

	AROHATA PRISON	ARWCF	CHRISTCHURCH WOMENS	Total
Total Applications Received	0	0	0	0
Applications Received for Mothers & Babies Unit	0	0	0	0
Applications Received for Feeding & Bonding Facility	0	0	0	0
Outcome of Applications for Mothers & Babies Unit				
Awaiting decision	0	0	0	0
Prisoner referred but not interested	0	0	0	0
Approved for Mothers & Babies Unit	0	0	0	0
Approved for Feeding & Bonding Facility	0	0	0	0
Declined	0	0	0	0
Outcome of Applications for Feeding & Bonding Facility				
Awaiting decision	0	0	0	0
Prisoner referred but not interested	0	0	0	0
Approved for Mothers & Babies Unit	0	0	0	0
Approved for Feeding & Bonding Facility	0	0	0	0
Declined	0	0	0	0
Reasons for Declined Mothers & Babies Unit Applications				
Not eligible	0	0	0	0
Not supported by CYFS	0	0	0	0
No capacity	0	0	0	0
Security risk	0	0	0	0
Misconducts	0	0	0	0
IDU	0	0	0	0
Other (specify)	0	0	0	0
Reasons for Declined Feeding & Bonding Facility Applications				
Not eligible	0	0	0	0
Not supported by CYFS	0	0	0	0

No capacity	0	0	0	0
Security risk	0	0	0	0
Misconducts	0	0	0	0
IDU	0	0	0	0
Other (specify)	0	0	0	0

Pregnancies

From (DD-MON-YYYY)  

To (DD-MON-YYYY)  

Refresh Reports 

Pregnancy Related Operational Reports

	AROHATA PRISON	ARWCF	CHRISTCHURCH WOMENS	Total
Pregnant Prisoners	0	0	0	0
Babies Born in Prison	0	0	0	0

Babies in Prison

Reporting Data Range 

From (DD-MON-YYYY)  

To (DD-MON-YYYY)  

Refresh Reports 

Babies in Prison Operational Reports

	AROHATA PRISON	ARWCF	CHRISTCHURCH WOMENS	Total
Total Prisoners Using Facilities	0	0	0	0
Total Children Using Facilities	0	0	0	0
Mothers & Babies Unit Usage				
Prisoners	0	0	0	0
Children	0	0	0	0
Feeding and Bonding Facility Usage				
Prisoners	0	0	0	0
Children	0	0	0	0
Child Age at end of Period				
Mothers & Babies Unit				
Feeding and Bonding Facility				

Exit Reports

Reporting Data Range From (DD-MON-YYYY)  To (DD-MON-YYYY)  Refresh Reports 

Exit Reports

	AROHATA PRISON	ARWCF	CHRISTCHURCH WOMENS	Total
Total Prisoners Exiting	0	0	0	0
Prisoners Exiting Mothers & Babies Unit Facilities	0	0	0	0
Prisoners Exiting Feeding and Bonding Facility Facilities	0	0	0	0
Reasons for Prisoners Exiting Mothers & Babies Unit				
Child reached 2 years	0	0	0	0
Mother released with child	0	0	0	0
Permission to use facility terminated	0	0	0	0
Other (specify)	0	0	0	0
Reasons for Prisoners Exiting Feeding and Bonding Facility				
Child reached 2 years	0	0	0	0
Mother released with child	0	0	0	0
Permission to use facility terminated	0	0	0	0
Other (specify)	0	0	0	0
Child / Children Age(s) at time of exit				
Mothers & Babies Unit				
Child reached 2 years				
Mother released with child				
Permission to use facility terminated				
Other (specify)				
Feeding and Bonding Facility				
Child reached 2 years				
Mother released with child				
Permission to use facility terminated				
Other (specify)				

Appendix 6: Programme Logic Model

Information from the evaluation findings of Phases I and II, including the policy extension and rationale and the onsite operation of the policy, was used to develop a programme logic model. The intention of the model is to provide a way to show how the 'logic' of the MWB policy and the various aspects of it are relevant, and link to key outcomes. The following describes the components of the model and then presents a diagrammatic representation of the model.

Components of the Model

The model is divided into two main sections; 'before the mother and child enter the MWB units' and 'after the mother and child enter the MWB units'. Within these two sections are a number of key areas. In the 'before' section are Inputs and Outputs / Activities (i.e. what we invest and what we do) which are the factors that need to be present prior to a mother entering the MWB units. In the 'after' section are the Outcomes (short, medium and long term) which ideally occur for the mothers and children as a result of participating in the MWB units.

Underpinning the model are the Assumptions about the policy rationale and operation of MWB units. Also included in the model are Key Indicators; that is, various aspects that can be tracked in order to determine if the policy is operating as intended. Of note regarding the Key Indicators is that there is a need for the Department to determine measures and targets for these. For example what rate of re-offending would be a good measure of success or how frequently should staff training occur and what percentage of staff in the MWB units should have received training.

The following sections discuss the key components of the model which are: (i) Inputs; (ii) Outputs/Activities; (iii) Outcomes, (iv) Assumptions and (v) External Factors, followed by a diagrammatic representation of these components. Indicators are noted, where relevant, within each section.

Inputs

The following is a list of the 'ingredients' that must be present or available, before a mother and child enter the MWB unit:

1. **Purpose built or child appropriate MWB units.** This includes units that have separate rooms for toddlers; indoor and outdoor play areas; appropriate safety features such as safety doors and locks; and age-appropriate resources for children from 0-2 years to eat, sleep, play and bathe including for example, toys, baths, showers, baby nests, cots, breast pumps, adequate freezer and fridge space, and adequate light and ventilation.
2. **Suitably qualified, knowledgeable and experienced staff.** This includes staff that: have applied to be a part of the MWB units; received an induction and training for the MWB units and are appropriately qualified (e.g. case managers with social work qualifications); have child development, and health training and have the skills, knowledge and attitude to make a positive contribution to the MWB unit; and includes male staff.
3. **External providers.** This includes organisations that will support and enhance the rationale and intent of the policy; programme providers that will provide appropriate information regarding parenting, bonding and attachment; and includes individuals and organisations that are necessary for the rehabilitation, reintegration, and transition of the mother and child (e.g. alternative caregivers, 'through-service' providers, community probation service).
4. **Processes (For Mothers).** This includes clear referral and entry information (including a clear timeframe), a clear induction process into MWB units, clear information regarding outings, transitions and support following release.

5. **Programmes (For Mothers).** This includes specific and targeted programme information appropriate to mothers with children regardless of age of child, number of other siblings or level of parenting experience.
6. **Support and Networks (For Children).** This includes appropriate agencies (e.g. Family Start), networks (positive or pro-social family members), relationships or advocates that will oversee the child's time in prison to ensure that what is occurring for the child is in the best interests of the child.
7. **Research.** This includes clear evidence (both nationally and internationally) that supports the rationale and purpose of the MWB units. It also includes evaluation and longitudinal data (collected in an appropriate manner) at a local level.

Key indicators for the above include:

- i. Women's prisons have access to appropriate facilities to house mothers and children.
- ii. Staff working in MWB units receive appropriate training and have appropriate skills, knowledge and attitude for working in MWB units.
- iii. External providers for MWB units deliver programmes or support, commensurate with the extended policy rationale.
- iv. Eligible mothers are given the opportunity to apply to MWB units.

Outputs / Activities

These are all the activities that happen at the MWB unit.

1. **Accommodation:** Mothers and children are provided with appropriate accommodation and resources to enable bonding, attachment and positive parenting.
2. **Assessment (of Mothers):** Mothers are adequately assessed to determine and address their parenting, bonding, attachment, criminogenic and post-release support needs.
3. **Induction (For Mothers):** Mothers have adequate induction to enable them to clearly understand all the processes regarding the MWB unit so that they contribute positively to the unit and meet all expectations for mothers at the units.
4. **Support (For Mothers):** Mothers are supported in a positive manner to obtain appropriate information and advice to enhance bonding and attachment between themselves and their child.
5. **Parenting Focused Programmes (For Mothers):** Mothers have access to programmes to increase their knowledge and skills regarding child development and positive parenting including their responsibilities as a mother and where needed, skills (e.g. cooking, nutrition) to provide for their children.
6. **Offending Focused Programmes (For Mothers):** Mothers are provided with the opportunity to attend programmes to address their offending needs.
7. **Health and Wellbeing (of Children):** Children have access to appropriate resources that cater to their health and wellbeing needs including, but not limited to, being with their mothers, having an appropriate physical environment, having opportunities for a range of pro-social interaction with adults, children and whānau; being breastfed; and being able to access 'outside the wire' activities.

Key indicators for the above include:

- i. Mothers and children are housed in clean, warm and comfortable facilities.

- ii. Mothers are assessed and appropriate support and programmes are put in place as needed.
- iii. Mothers receive an induction into the unit.
- iv. Children are monitored to ensure their safety and wellbeing.

Outcomes

If the above inputs and activities (outputs) occur then the following short, medium and long term outcomes can be achieved for the participants (mothers and children) and the Department.

1. Short Term Outcomes

Short term outcomes generally relate to 'learning' and include such factors as awareness, knowledge, attitudes or skills.

- a. Mothers increase knowledge and skills of positive parenting, breastfeeding, bonding, attachment, child development and nutrition.
- b. Mothers increase their confidence in their parenting and understanding of their responsibilities as mothers.
- c. Mothers increase their knowledge and understanding of their offending.
- d. Children are housed in clean, warm and comfortable facilities, with access to appropriate resources.

Key Indicators for the above include:

- i. Mothers in the MWB units understand and demonstrate the notion of bonding and attachment.
- ii. Mothers in the MWB units increase their knowledge of healthy nutrition and can articulate this.
- iii. Children have daily opportunities to address developmental challenges.

2. Medium Term Outcomes

Medium term outcomes generally relate to 'actions' and include factors such as behaviour and practice that occur as a result of the learning that has occurred.

- a. Mothers make good choices for themselves and their children. They:
 - parent their children in ways that encourage and enable secure attachments and bonding to form;
 - feed their children in ways that provide for optimum nutrition; and
 - take responsibility for the health and well being of their children;
- b. Children are breastfed, have mothers who respond to their needs in warm and positive ways, are healthy, meet their milestones, and are well bonded and attached;
- c. Mothers consider options and make plans to mitigate their reoffending once they are released;
- d. Children have their physical and mental health and wellbeing needs met.

Key Indicators for the above include:

- i. Children born to mothers in the MWB units are breastfed.
- ii. Children and mothers in the MWB units exhibit signs of secure attachment.
- iii. Children in the MWB units are fed healthy and nutritious food.
- iv. Children in the MWB units receive appropriate primary health care.

3. Long Term Outcomes

Long term outcomes generally relate to 'ultimate impact' in the long term (e.g. post-release) and include factors such as social outcomes for not only the participants, but also society as a whole.

- a. Mothers who have resided at MWB units are securely attached to their child, take greater responsibility for their child/ren, and as a result make better life choices, including reducing their re-offending.
- b. Children develop secure attachments, have good physical, emotional and mental health and have more positive life trajectories.

Key indicators for the above include:

- i. Mothers maintain a positive relationship with their child.
- ii. Mothers reduce their rate of re-offending.
- iii. Children continue to meet their developmental milestones, have their health and wellbeing needs met, and live a pro-social life.

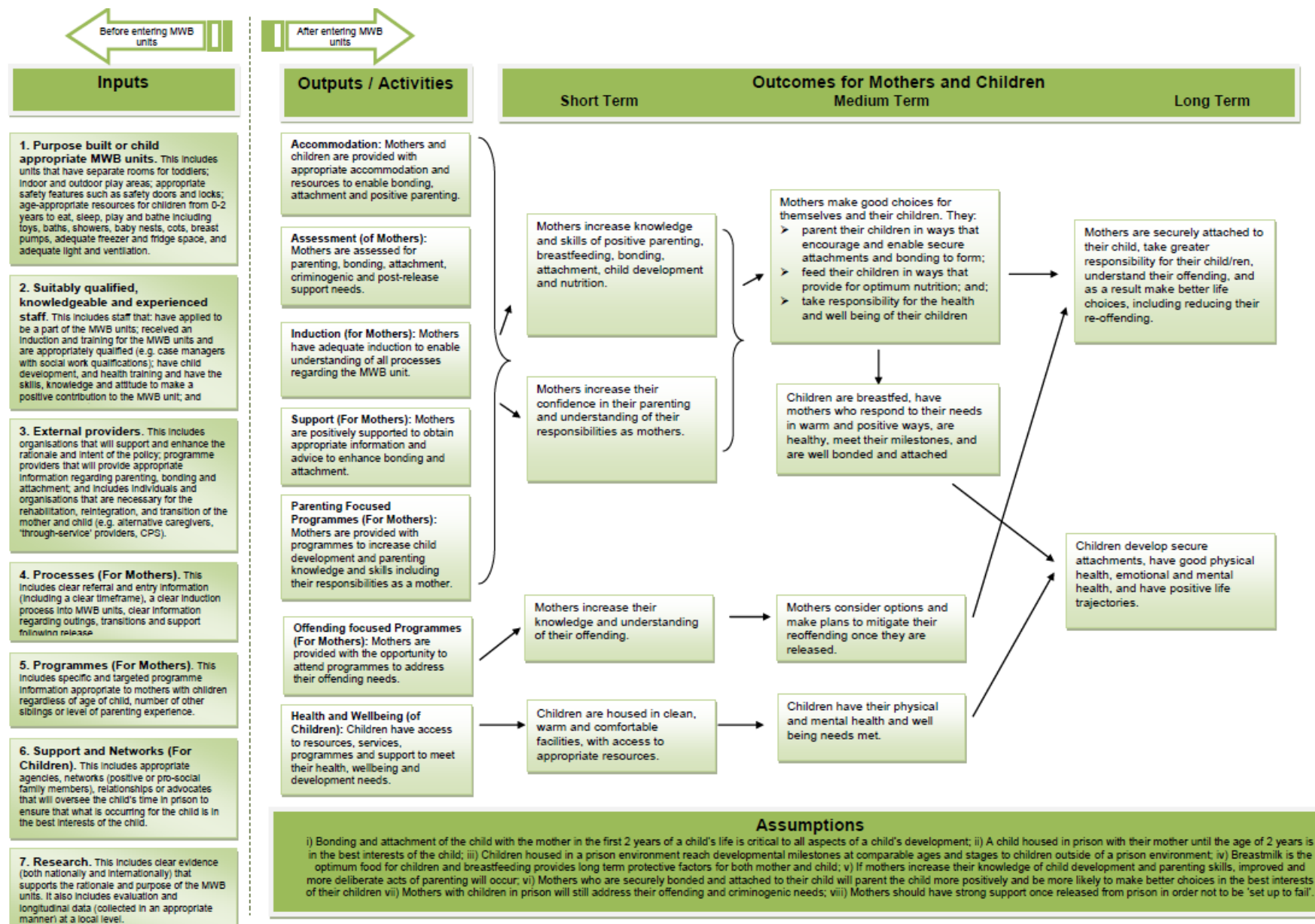
Assumptions

The following are the assumptions that underlie the MWB programme logic.

1. Bonding and attachment of the child with the mother in the first two years of a child's life is critical to all aspects of a child's development.
2. A child housed in prison with their mother until the age of two years is in the best interests of the child.
3. Breast milk is the optimum food for children and breastfeeding provides long term protective factors for both mother and child.
4. Children housed in a prison environment reach developmental milestones at comparable ages and stages to children outside of a prison environment.
5. If mothers increase their knowledge of child development and parenting skills, improved and more deliberate acts of parenting will occur.
6. Mothers who are securely bonded and attached to their child will parent the child more positively and be more likely to make better choices in the best interests of their children.
7. Mothers with children in prison will still address their offending and criminogenic needs.
8. Mothers should have strong support once released from prison in order not to be 'set up to fail'.

Programme Logic Diagram

The following presents the above information in a diagrammatic form.



Indicators

Key Indicators for Inputs

- i. Women's prisons have access to appropriate facilities to house mothers and children.
- ii. Staff working in MWB units receive appropriate training and have appropriate skills, knowledge and attitude for working in the units.
- iii. External providers for MWBs deliver programmes or support, commensurate with the extended policy rationale.
- iv. Eligible mothers are given the opportunity to apply to MWB units.

Key Indicators for Activities

- i. Mothers and children are housed in clean, warm and comfortable facilities.
- ii. Mothers are assessed and appropriate support and programmes are put in place as needed.
- iii. Mothers receive an induction into the unit.
- iv. Children are monitored to ensure their safety and wellbeing.

Key Indicators for Short Term Outcomes

- i. Mothers in the MWB units understand and demonstrate the notion of bonding and attachment.
- ii. Mothers in the MWB units increase their knowledge of healthy nutrition and can articulate this.
- iii. Children have daily opportunities to address developmental challenges.

Key Indicators for Medium Term Outcomes

- i. Children born to mothers in the MWB units are breastfed.
- ii. Children and mothers in the MWB units exhibit signs of secure attachment.
- iii. Children in the MWB units are fed healthy and nutritious food.
- iv. Children in the MWB units receive appropriate primary health care.

Key indicators for Long Term Outcomes

- i. Mothers maintain a positive relationship with their child.
- ii. Mothers reduce their rate of re-offending.
- iii. Children continue to meet their developmental milestones, have their health and wellbeing needs met and live a pro-social life.